SUGGESTED AUDIENCE GUIDE TO FILMS

NOTE: *Readers are urged to consult reviews when selecting any of the following films for showing. Suggested appropriateness for particular kinds of audiences is noted by dots under each audience heading.*

TITLE OF FILM	MEDICINE						RELATED FIELDS						GENERAL					
	MEDICAL STUDENTS	GENERAL PRACTITIONERS	PEDIATRICIANS	PSYCHIATRISTS IN TRAINING	PSYCHIATRISTS	PSYCHOANALYSTS	PSYCHOLOGISTS	PSYCHIATRIC SOCIAL WORKERS	PSYCHIATRIC NURSES	INSTITUTIONAL PERSONNEL	NURSES	PATIENTS IN TREATMENT	RELATIVES OF MENTAL PATIENTS	HIGH SCHOOL AGE	COLLEGE AGE	PARENTS	TEACHERS AND EDUCATORS	COMMUNITY WELFARE WORKERS
1. Activity for Schizophrenia:																		
Techniques for Corrective Therapy	●	●					●	●	●	●								
2. Activity Group Therapy	●			●	●	●	●	●										
3. Angry Boy	●			●			●	●								●	●	●
4. Anna N.: Life History from																		
Birth to Fifteen Years	●	●	●	●	●	●	●	●										
5. Breakdown	●	●					●	●	●		●				●	●	●	●
6. Children's Emotions	●						●				●				●	●	●	●
7. City of the Sick									●	●	●		●					
8. Eight Infants: Tension Manifestations							●											
9. Embryology of Human Behavior	●		●				●										●	
10. Emotional Health	●	●					●	●			●				●		●	●
11. Face of Youth											●					●	●	●
12. Family Circles	●	●	●	●			●	●								●	●	●
13. Fears of Children	●		●				●	●	●		●	●			●	●	●	●
14. Feebleminded	●			●			●	●			●							●
15. Feelings of Depression	●			●	●	●	●	●				●			●	●	●	●
16. Feeling of Hostility				●			●	●				●					●	
17. Feeling of Rejection	●	●	●	●			●	●	●		●	●			●	●	●	●
18. Frustration Play Techniques	●		●	●	●		●	●									●	
19. Grief: A Peril in Infancy	●	●	●	●	●	●	●	●	●	●	●				●	●	●	●
20. Hypnotic Behavior	●			●	●	●	●	●	●									
21. Let There Be Light	●	●		●	●	●	●	●	●	●	●				●	●	●	●

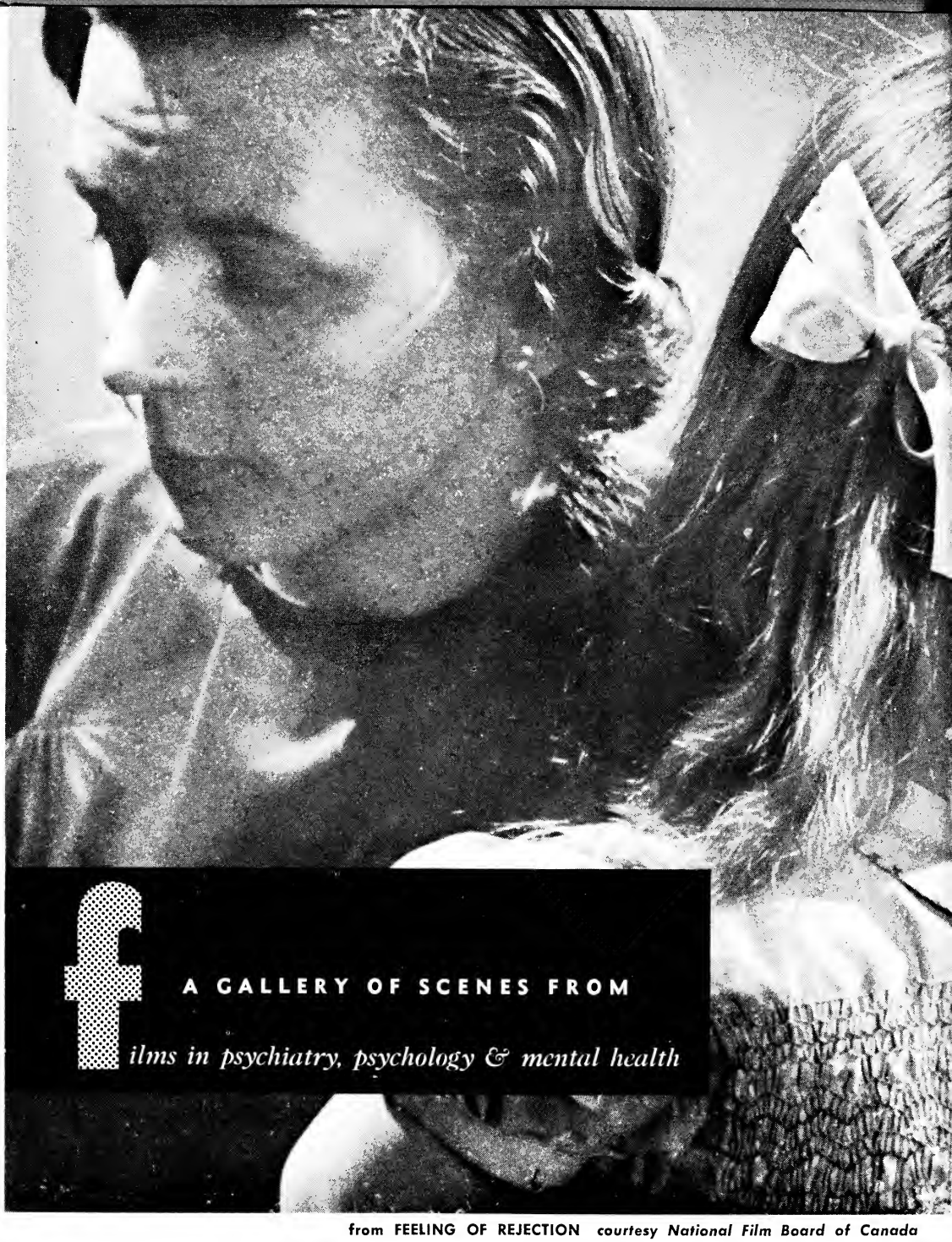
1. Schizophrenia: Simple Type Deteriorated	●			●			●	●	●											
2. Schizophrenia: Catatonic Type	●			●	●		●	●	●											
3. Schizophrenia: Hebephrenic Type	●			●			●	●	●											
4. Paranoid Conditions	●			●			●	●	●											
5. Organic Reaction-Type: Senile	●			●			●	●	●											
6. Depressive States: I	●			●			●	●	●											
7. Depressive States: II	●			●			●	●	●											
8. Manic State	●			●			●	●	●											
9. Folie a Deux	●			●	●	●	●	●	●											
23. Narcosynthesis				●																
24. Observations Concerning the Phenomenology of Early Oral Behavior							●													
25. Out of True	●										●	●			●	●	●	●		
26. Over-Dependency	●	●		●			●	●	●						●	●	●	●		
27. Palmour Street	●	●	●	●	●		●	●	●	●	●			●	●	●	●	●		
28. Preface to a Life	●	●	●	●			●							●	●	●	●	●		
29. Problem Children																	●			
30. Psychoneurosis with Compulsive Trends in the Making	●	●	●	●	●	●	●	●	●											
31. Psychosomatic Disorders	●	●		●	●		●	●	●		●	●			●	●	●	●		
32. Psychotherapeutic Interviewing Series:																				
I Introduction				●			●	●												
II A Method of Procedure	●	●		●	●	●	●	●												
III An Approach to Understanding Dynamics	●	●		●	●	●	●	●												
33. Quiet One	●	●	●	●	●	●	●	●	●	●	●			●	●	●	●	●		
34. Shades of Gray	●	●		●			●	●	●	●	●		●					●		
35. Smile of the Baby	●		●				●											●		
36. Steps of Age														●	●					
37. Symptoms in Schizophrenia							●													
38. Unconscious Motivation	●	●		●	●	●	●	●	●											
39. Unity of Personality							●													
40. Ward Care of Psychotic Patients				●					●	●										
41. Your Children's Sleep														●	●	●				

PART 1

A GALLERY OF SCENES FROM

from **BREAKDOWN**
courtesy National Film Board of Canada

films in psychiatry, psychology & mental health



A GALLERY OF SCENES FROM

films in psychiatry, psychology & mental health

from FEELING OF REJECTION *courtesy National Film Board of Canada*

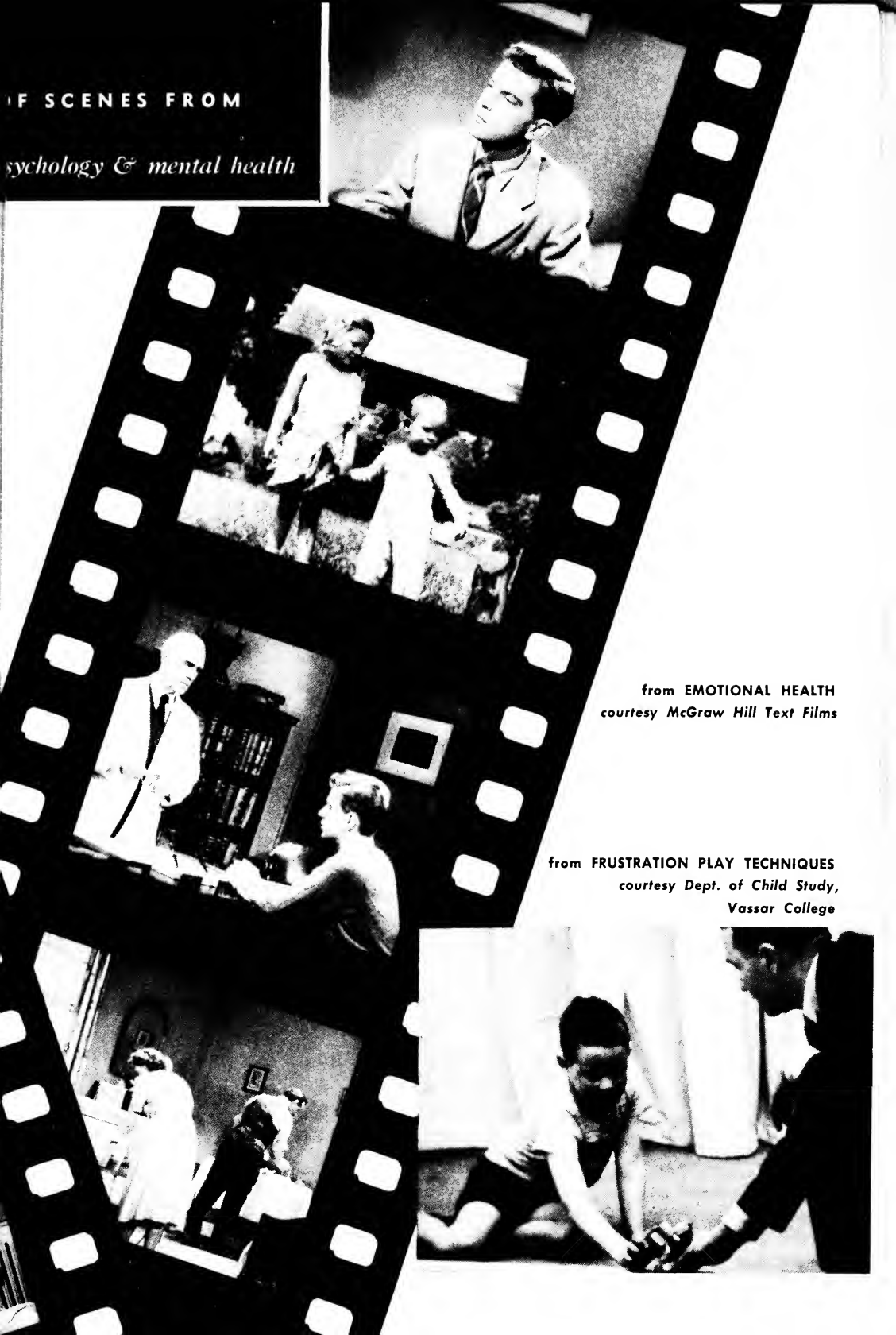
from **FEELING OF DEPRESSION**
courtesy National Film Board of Canada

A GALLERY

films in psychiatry,

from CHILDREN'S EMOTIONS
courtesy McGraw Hill Text Films

from BREAKDOWN
courtesy National Film Board of Canada

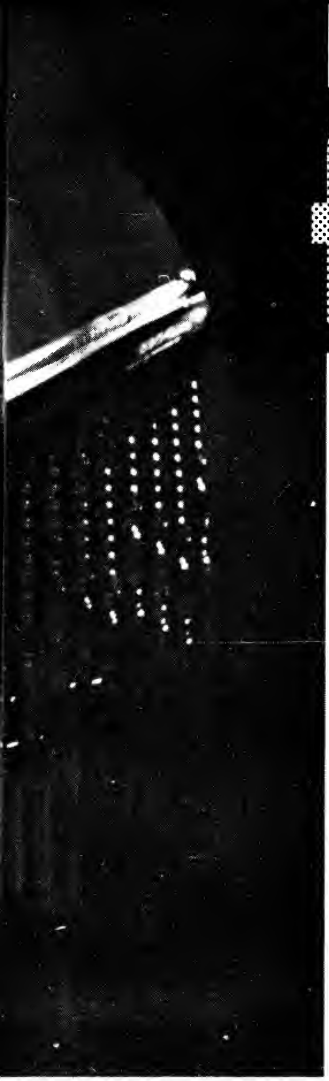


from **EMOTIONAL HEALTH**
courtesy McGraw Hill Text Films

from **FRUSTRATION PLAY TECHNIQUES**
courtesy Dept. of Child Study,
Vassar College

from **FAMILY CIRCLES**
courtesy National Film Board of Canada

from **FAMILY CIRCLES**
courtesy National Film Board of Canada



A GALLERY OF SCENES FROM

films in psychiatry, psychology & mental health

from **ANGRY BOY**
courtesy Mental Health Film Board

from A PSYCHONEUROSIS WITH COMPULSIVE TRENDS IN THE MAKING
courtesy Margaret E. Fries, M.D.

from HYPNOTIC BEHAVIOR
courtesy Association Films

from GRIEF: A PERIL IN INFANCY
courtesy Rene A. Spitz, M.D.

A GALLERY OF SCENES FROM

films in psychiatry, psychology & mental health

FILMS
IN
PSYCHIATRY, PSYCHOLOGY
AND
MENTAL HEALTH

FILMS
IN
PSYCHIATRY, PSYCHOLOGY
&
MENTAL HEALTH

ADOLF NICHTENHAUSER, M.D.
MARIE L. COLEMAN
DAVID S. RUHE, M.D.

MEDICAL AUDIO-VISUAL INSTITUTE
OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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FOREWORD

THE AIMS of this unique book are, first, to make films in psychiatry, psychology, and mental health education more useful to more people; and second, to begin to set higher standards of quality for making better new films in this important area of medical science.

This book will also serve most admirably as a permanent catalogue of the many films herein reviewed more extensively and comprehensively than ever before attempted. It offers a graphic guide for the selection of films to be shown to particular audiences. But despite the wealth of information it affords for individual selection and recommendation of appropriate films for teaching and programming, it is not to be judged or regarded merely as a film catalogue. It is a book to be read.

The core of this book is a series of fifty-one penetrating, critical reviews of films in psychiatry, psychology, and mental health, supplemented by brief descriptions of fifty additional significant and available films in this area released for showing up to January 1953. The cumulative meaning of these reviews is analyzed in four chapters of evaluative discussion immediately preceding them. Exact and up-to-date information on the source or sources from which the films can be obtained is also given with each review.

The continuing usefulness of this volume has been greatly extended by its film subject-matter index. For the first time in film literature, this index provides clues to the actual contents of films far beyond those discernible from the titles or the usual thumbnail descriptions. Thus, for example, while there is only one film produced and listed under the title "Narcosynthesis," adequate and usable portrayal of this topic is also to be discovered in four other films by consulting the film subject-matter index of this book.

This book is a major contribution to health and medical education both in their broadest and most specific outlooks. It is a new whetstone for sharpening the audio-visual tools of health education in all fields. It should be of interest to audio-visual educators generally for pointing new directions in the evaluation and production of films in all fields where audio-visual methods produce more incisive and illuminating instruction. It offers no "cut and dried" formulas, but it provides useful shortcuts for independent approaches to psychiatric teaching with films. And it is an important contribution to better public information in the broad field of mental health education. We are proud to publish this book.

The Publishers

OTHER CONTRIBUTORS TO THIS BOOK

The conduct of this study would not have been possible without the generous assistance of many psychiatrists, psychologists, specialists in related fields and graduate students who, assembling in four groups, spent countless hours in reviewing and discussing the films. To all of them, we wish to express our thanks. In particular, we are indebted to those who organized and guided the reviewing groups: to Bruce Ruddick, M.D.; to Phillip B. Polatin, M.D., and Stanley Michael, M.D., of the New York State Psychiatric Institute; Irving Lorge, Ph.D., Director, Institute of Psychological Research, Teachers College, Columbia University; and Floyd S. Cornelison, Jr., M.D., Department of Psychiatry and Neurology, Boston University School of Medicine.

PREFACE

AS SOCIETY anxiously examines the most dangerous ailments confronting civilization today, there has been a gathering momentum of professional and public interest in mental disease and mental health.

Motion pictures have begun to play an increasingly important role in this expanding area of medical science. Films are being applied as training instruments for the teaching of professionals in psychiatry, psychology, psychiatric social work and nursing. They are used as auxiliary aids in the treatment of patients. But they are being used most extensively and effectively with community organizations, with parents eager to know child psychology, and with a general public hungry for an understanding of emotional disturbances and the ways to obtain professional help.

A host of films has been arriving in the educational and entertainment market in response to the present spotlight upon mental illness. With this strong focus of attention has come the need for reliable descriptive and evaluative information on the films now in circulation.

Here the Medical Audio-Visual Institute of the Association of American Medical Colleges has studied fifty-one films in psychiatry, psychology and mental health from the broad viewpoint of the medical audio-visual educator. The results of this study are the grist of this unique volume. Evaluative data have been gathered which should prove of direct and practical value to workers in these areas and reveal much concerning the underlying trends of production and utilization as well. This study began as a portion of the major critical examination of medical films which was supported first by the Rockefeller Foundation, then continued under the Institute's basic grants from the John and Mary R. Markle Foundation, the Commonwealth Fund, the Alfred P. Sloan Foundation, and the China Medical Board.

The greatest contribution to the study has come, however, from the many interested persons who spent countless hours in reviewing panel sessions. Their names are elsewhere noted in this volume.

In short a great deal of professional teaching wisdom has been incorporated into these reviews in an attempt to pool judgments and establish some guiding principles concerning motion pictures in psychiatry, psychology and mental health.

Most of the critical reviews in this volume were prepared by Marie L. Coleman. Where this has not been the case, it is otherwise indicated in the list of review credits on page 17.

We also wish to extend our thanks to Alan Gray, Ph.D., for aid in compiling the supplementary film list, to Mr. David Schendler, for index preparation, to Miss Sylvia Albert and to Mrs. Enola Wolfe for their secretarial assistance.

The Authors

This book is a catalogue and study of representative films, intended to encourage the appropriate use of films in psychiatry, psycohology and mental health. Omission of any film from the critical review or supplementary film list herein is in no way to be construed as a reflection on its merit.

CONTENTS

PART I

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PART IV

Addenda. Re-edited prints of *Palmour Street* (27) alter comments found on p. 184, 3rd paragraph. *Genetic Psychology Monograph* 1946:*34,* 57-125, by Rene A. Spitz, M.D. with the assistance of K. M. Wolf, Ph.D., is a study aid to be used with *The Smile of a Baby* (35) and, so used, suggests modifications in the appraisal on p. 233.

REVIEW CREDIT ACKNOWLEDGMENTS

Film number

1. ACTIVITY FOR SCHIZOPHRENIA: TECHNIQUE FOR CORRECTIVE THERAPY
   Reviewed by a Medical Audio-Visual Institute Panel. Prepared by Floyd S. Cornelison, Jr., M.D.
2. ACTIVITY GROUP THERAPY
   Reviewed by a Medical Audio-Visual Institute Panel. Prepared by Adolf Nichtenhauser, M.D., and John L. Meyer, II, M.D.
3. ANGRY BOY
   Reviewed by a Medical Audio-Visual Institute Panel.
4. ANNA N. Life History from Birth to Fifteen Years: The Development of Emotional Problems in a Child Brought up in a Neurotic Environment.
   Reviewed by a Medical Audio-Visual Institute Panel, a Voluntary Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.
5. BREAKDOWN
   Reviewed by a Medical Audio-Visual Institute Panel, a Volunteer Panel at the Psychiatric Institute, College of Physicians and Surgeons, a Panel at Teachers College, Columbia University, and a Panel in Boston.
6. CHILDREN'S EMOTIONS
   Reviewed by Medical Audio-Visual Institute Panel and a Panel at Teachers College, Columbia University.
7. CITY OF THE SICK
   Reviewed by a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.
8. EIGHT INFANTS: TENSION MANIFESTATIONS IN RESPONSE TO PROLONGED STIMULATION
   Reviewed by a Medical Audio-Visual Institute Panel.
9. THE EMBRYOLOGY OF HUMAN BEHAVIOR
   Reviewed by Several Medical Audio-Visual Institute Panels.
10. EMOTIONAL HEALTH
    Reviewed by a Volunteer Panel of Staff Members at the New York Psychiatric Institute.
11. FACE OF YOUTH
    Reviewed by a Volunteer Panel at the Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.
12. FAMILY CIRCLES
    Reviewed by a Medical Audio-Visual Institute Panel.
13. FEARS OF CHILDREN
    Reviewed by a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University
14. THE FEEBLE-MINDED
    Reviewed by Medical Audio-Visual Institute Panels in New York and Boston, a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University. Prepared by Marie L. Coleman and Floyd S. Cornelison, M.D.
15. FEELINGS OF DEPRESSION
    Reviewed by a Medical Audio-Visual Institute Panel.
16. THE FEELING OF HOSTILITY
    Reviewed by a Medical Audio-Visual Institute Panel.
17. THE FEELING OF REJECTION
    Reviewed by a Volunteer Panel at the New York State Psychiatric Institute,

College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.

18. FRUSTRATION PLAY TECHNIQUES
Reviewed by a Medical Audio-Visual Institute Panel, Boston, Mass.
Prepared by Floyd S. Cornelison, Jr., M.D.

19. GRIEF: A PERIL IN INFANCY
Reviewed by a Medical Audio-Visual Institute Panel.
Prepared by Arnold Bernstein, Ph.D.

20. HYPNOTIC BEHAVIOR
Reviewed by a Medical Audio-Visual Institute Panel.

21. LET THERE BE LIGHT
Reviewed by Medical Audio-Visual Institute Panels, Boston, Mass.
Prepared by Floyd S. Cornelison, Jr., M.D.

22. MENTAL SYMPTOMS
Reviewed by a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and by Staff and Students, Department of Psychiatry and Neurology, Boston University School of Medicine.
Prepared by Marie L. Coleman and Floyd S. Cornelison, Jr., M.D.

23. NARCOSYNTHESIS
Reviewed by a Volunteer Panel of Staff Members at the New York State Psychiatric Institute

24. OBSERVATIONS CONCERNING THE PHENOMENOLOGY OF EARLY ORAL BEHAVIOR
Reviewed by a Medical Audio-Visual Institute Panel

25. OUT OF TRUE
Reviewed by a Volunteer Panel at the Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.

26. OVERDEPENDENCY
Reviewed by a Medical Audio-Visual Institute Panel.
Prepared by Arnold Bernstein, Ph.D.

27. PALMOUR STREET
Reviewed by Medical Audio-Visual Institute Panels, New York City and Boston.
Prepared by Floyd S. Cornelison, Jr., M.D.

28. PREFACE TO A LIFE
Reviewed by a Medical Audio-Visual Institute Panel

29. PROBLEM CHILDREN
Reviewed by a Medical Audio-Visual Institute Panel.

30. A PSYCHONEUROSIS WITH COMPULSIVE TRENDS IN THE MAKING
Reviewed by a Medical Audio-Visual Institute Panel.

31. PSYCHOSOMATIC DISORDERS
Reviewed by a Medical Audio-Visual Institute Panel.
Prepared by Floyd S. Cornelison, Jr., M.D.

32. PSYCHOTHERAPEUTIC INTERVIEWING SERIES
Reviewed by a Medical Audio-Visual Institute Panel.
Prepared by Arnold Bernstein, Ph.D.

33. THE QUIET ONE
Reviewed by a Medical Audio-Visual Institute Panel, a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.
Prepared by Marie L. Coleman, Arthur Knight, and David Schendler.

34. SHADES OF GRAY
Reviewed by a Medical Audio-Visual Institute Panel, a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.

35. THE SMILE OF THE BABY
Reviewed by a Volunteer Panel at New York State Psychiatric Institute, College of Physicians and Surgeons, and a Panel at Teachers College, Columbia University.

36. THE STEPS OF AGE
Reviewed by a Medical Audio-Visual Institute Panel and a special Geriatrics Panel

37. SYMPTOMS IN SCHIZOPHRENIA
Reviewed by a Medical Audio-Visual Institute Panel and a Volunteer Panel at the New York State Psychiatric Institute, College of Physicians and Surgeons.

38. UNCONSCIOUS MOTIVATION
Reviewed by a Medical Audio-Visual Institute Panel

39. THE UNITY OF PERSONALITY
Reviewed by a Medical Audio-Visual Institute Panel

40. WARD CARE OF PSYCHOTIC PATIENTS
Reviewed by a Volunteer Panel at the New York State Psychiatric Institute, University.
College of Physicians and Surgeons, and a Panel at Teachers College, Columbia

41. YOUR CHILDREN'S SLEEP
Reviewed by a Medical Audio-Visual Institute Panel

PART II

Discussion

OF FILM REVIEWING TECHNICS AND SUGGESTIONS FOR UTILIZATION OF FILMS IN PSYCHIATRY, PSYCHOLOGY & MENTAL HEALTH

CHAPTER 1

ADOLF NICHTENHAUSER, M.D.*

INTRODUCTION—HOW TO USE THIS BOOK

I.

ABOUT THE REVIEWS

THIS volume consists of critical reviews of motion pictures in psychiatry, psychology, and mental health education, preceded by several chapters of discussion and followed by two especially useful indices.

The preliminary chapters provide perspective and background for the reviews by discussing various general aspects of the films: their history, the relationship between their psychiatric content and motion-picture presentation, and their application in professional training and public education.

The body of the book consists of fifty-one critical film reviews designed to help the film user. *They should make it unnecessary in most situations to expend time and money for obtaining and previewing these films for the sole purpose of deciding whether or not they are suitable for the intended use.*

More important, the reviews will help to eliminate the still widespread haphazard use of films—or rather their abuse—whereby a motion picture is selected and shown merely on the basis of its title or inadequate, if not misleading, information. On the constructive side, the descriptive and analytical detail of these reviews will help serious film users to gain insight into the nature and applicability of these motion pictures. This will advance their more discriminating and creative educational use and their better integration with the other methods and media of professional and popular teaching. Finally, this analysis of existing films can clarify the thinking of the persons responsible for financing, planning, and producing new films.

The film reviews follow a uniform pattern. Each opens with a resumé which briefly summarizes the content and appraisal of the film. A listing of the audiences for whom the film appears suitable follows. At this point the potential user may decide whether or not the film is of interest to him. If so, he will read on and find the production and distribution data and, where pertinent, a list of materials accompanying the film, such as a study guide or film strip. Of greatest practical importance is the information about the running time of the film, its distribution sources and the expense involved in its use.

* Medical and Educational Film Consultant. Former Staff Member, Medical Audio-Visual Institute, Association of American Medical Colleges.

The body of the review consists of the *Content Description* and *Appraisal.* The former is a precise account of what is actually seen and heard (or read) in the film, prepared in such a fashion as to reproduce its character and texture. This type of description should enable the reader to form a mental picture of the film from which he can recognize whether the subject is developed in an organic and coherent or disjointed and confusing manner. It should also enable him to realize how much detail and emphasis are given to each point, and what the relationship is between visual images and sound track (or titles)—especially what material is presented merely or predominantly in verbal form.

The appraisal which follows is divided into three sections.

(1) The *content* section analyzes the *purpose and objectives* of the film; then examines the *treatment of the subject*—the way the subject matter has been selected and developed to implement purpose and objectives; and finally appraises the *technical content*—the facts and concepts making up the film—in regard to its scientific and technical significance, validity, and accuracy.

(2) The *presentation* section discusses the film style used—record of actual cases, re-enactment, dramatization—and the skill with which the various factors of motion-picture presentation—camera work, direction, acting, pictorial continuity, and so forth—have been applied to the particular tasks posed by the aims and material of the film.

(3) The *effectiveness* section reaches conclusions from the analysis of content and presentation as to the effects of the film. In general, it attempts to answer the questions, "What can be learned from the film?" "Who can learn from it?" and "How well can one learn from it?"

The last portion of the review, *Utilization,* gives suggestions for the use of the film with the audience groups for which it appears suitable, and discusses study guides and other accompanying materials, if available.

Since the critical reviews in this volume do not cover all available films in psychiatry, psychology, mental health and related subjects, an annotated *Supplementary Film List* has been added. Also included is a brief list of catalogues in which information on additional films of interest and on distribution sources can be found.

The reviews are followed by two indices. In the *Audience Index* the films, under subject-area headings, are arranged according to their suitability for the important audience groups. The *Subject-Matter Index* in which the films are referred to by *index number* as given in the table of contents, considers not only the main subject of each film, but also breaks its content down into smaller headings. The smallest of these breakdowns in the index corresponds with portions of a film which, when used inde-

pendently as excerpts, still could serve as meaningful representations of the respective topics.

This book facilitates the selection of films and attempts to improve their application. Nevertheless, the teacher, discussion leader, or whoever has the educational responsibility for using a film should as a rule study it before it is shown to the audience. This is necessary with technical films in order to devise proper integration with course material and it is almost imperative in mental health films because they can strongly affect the emotions of the viewers.

II.

The Reviewing Method Used

There is no other field of knowledge in which motion pictures have more extensively been used than in medicine and its allied sciences. Some 1,500 to 2,000 films in these fields have some form of distribution in the United States alone, not counting the many held by their authors and not listed in published catalogues. To this material must be added some 500 films in health education and human biology designed for use with lay audiences and in general education. Information sources provide at best brief reviews without definite descriptive and critical standards. To develop such standards and apply them to medical films (and, incidentally, also to films in other areas) appeared desirable to me years ago.

In 1950 the Medical Audio-Visual Institute of the Association of American Medical Colleges received a one-year grant from the Division of Medical Sciences of the Rockefeller Foundation for the purpose of developing a general program of medical film reviewing. This grant enabled us to work out more fully reviewing methods which I had evolved over many years of studying medical and educational films. In essence, these methods were based upon a systematic approach to the problems of film description and analysis; the teamwork of an expert film reviewer with groups of subject-matter specialists and teachers; and the study by the reviewer of the effects of the films on their audiences. A standard procedure implementing these principles was established.

The performance of this procedure was founded upon the work of the film reviewer. In order to be able to do a valid and creative job he had to possess an unusual combination of qualifications. First of all, he had to have a specific intellectual interest in the problem. Technically, he had to be familiar with the subject matter of the films to be reviewed, or, in the case of highly specialized films, be a subject-matter specialist himself. He could not adequately perform his task without being or becoming acquainted with the elements of motion-picture construction and presenta-

tion, and without insight into the effects of films and the processes of teaching and learning. He obviously needed pronounced analytical faculties to categorize his material, but those of synthesis were also important, so that he could work out generalizations from a mass of evaluative data. Finally, literary ability was necessary for effective writing.

The grant from the Rockefeller Foundation made it possible to find a number of persons with degrees in medicine or allied sciences—most of them specialists in practice or training—who worked as reviewers either on a full or part-time basis. They were given more or less extensive training in film analysis and reviewing by the author. Some of them also took courses in film technique given outside and worked on supervised film production and editing projects.

The following procedure of preparing a film review was gradually evolved.* The film in question was, after a preliminary screening, assigned to a reviewer who studied it, prepared the content description and formulated his own observations and comments as well as the points needing further investigation by himself or in discussion at subsequent screenings. Then a number of subject-matter specialists and teachers of the subject—a specialist panel—were selected; they saw the film and discussed it under the guidance of the reviewer.

Frequently it proved necessary to hold more than one such screening. In addition, when feasible, the effectiveness of a film not intended exclusively for specialists was studied in one or more screenings with audience groups, such as medical students, interns, or residents. The discussions were recorded on tape which was usually completely transcribed; otherwise notes were taken from it by the reviewer.

In screenings out of town which a reviewer could not attend, and occasionally also in screenings conducted by the Institute, detailed appraisal forms—different for specialists, general practitioners, and students—were filled in prior to the discussion. These forms allowed each participant to record his judgments and comments uninfluenced by others, a method particularly advantageous for the study of spontaneous student reactions. In order to make possible unhampered discussion the names of the panel members and participants in audience screenings were kept anonymous. In all evaluative work an effort was made to obtain reasoned judgments and adequate supporting data, and to base generalizations upon examples.

On the basis of the discussion transcripts or notes, appraisal forms, occasional letters or reports from individuals or groups, and personal observations, the appraisal and utilization sections of the critical reviews were

* For a detailed account of the underlying principles and method see Nichtenhauser, A., and Ruhe, D. S.: "The Critical Cataloging of Medical Films", *J. Med. Education 26*:3, (May) 1951 (Supplement).

completed by the reviewer. The draft was then mailed to the panel members for suggested revisions and approval, after which it was put in final shape by the reviewer, assisted by the staff of the Institute.

III.

How This Book Was Prepared

This method, then, with some variations, was applied to the preparation of the critical reviews in this volume. The reviewing of psychiatric and related films was begun by the staff of the Medical Audio-Visual Institute in November 1950. Soon after, Marie L. Coleman, of the National Psychological Association for Psychoanalysis, joined as a reviewer, first occasionally and from September 1951 as a part-time staff associate. Floyd S. Cornelison, Jr., M.D., Research Fellow in Psychiatry, Department of Psychiatry and Neurology, Boston University School of Medicine, also participated as a reviewer after becoming a Fellow in Psychiatric Films at the Institute. The program was first guided by myself, and from 1952 on jointly with David S. Ruhe, M.D.

Bruce Ruddick, M.D., organized the specialist panels which met at the Institute. Screenings at the New York State Psychiatric Institute were added, under the supervision first of Phillip Polatin, M.D., and later of Stanley Michael, M.D. Regularly scheduled panels were organized at Teachers College, Columbia University, with the aid of Irving Lorge, Ph.D., Director, Institute of Psychological Research. A fourth center evolved in Boston, where Dr. Cornelison conducted a number of screenings under the auspices of the Department of Psychiatry and Neurology, Boston University School of Medicine, the Massachusetts Memorial Hospital Psychosomatic Clinic, and the Massachusetts Association for Mental Health.

The panels meeting in these four places comprised specialists in the various branches of clinical and research psychiatry and psychology, many of them also active in teaching; residents in psychiatry; graduate students of psychiatry; graduate psychiatric nurses; psychiatric social workers; and, in mental health films, often a sprinkling of lay persons. When indicated, noted experts on some specific aspect of a subject were called in, such as child psychologists, pediatricians, or geriatrists. Most films were viewed by two panels, some by three. On the average, seven to eight specialists comprised a panel, not counting graduate students, residents, and so forth.

The material on which the appraisals were based represented therefore a wide range of specialist and teaching experience, and to some extent also the responses of various groups below the specialist level. The limitations of staff and funds made it impossible to study first-hand the effectiveness

of technical films under actual undergraduate classroom conditions, or that of mental health films with groups of lay persons.

It would be desirable, methodologically, to extend the reviewing procedure in two directions: (1) Audience-response screenings at medical schools, Parent-Teacher Associations, community centers, mental health clinics, and so forth, to obtain empirical data on the effectiveness of the films from those assumed to learn from them; (2) controlled tests and interviews with members of appropriate viewer groups to check the validity of the empirical appraisal methods employed.

It is obvious that the described method of preparing film reviews, even without the desirable selective study of audience responses, is time-consuming and expensive. For this reason, we have not been able so far to prepare reviews of all available films in psychiatry, psychology, and mental health education. Nevertheless, the selection of films reviewed here is an important and representative one. It is hoped that this volume will make a contribution to the better understanding and use of these films and, beyond that, illuminate some of the problems common to all motion pictures in this vital field.

CHAPTER 2

MARIE L. COLEMAN*
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HOW CONTENT AND PRESENTATION INFLUENCE EACH OTHER IN PSYCHIATRIC, PSYCHOLOGICAL, AND MENTAL HEALTH FILMS

DURING the course of the film review program which provided the material for this publication, we have drawn a number of fresh conclusions concerning the relationship between the scientific content and the presentation of the films evaluated. We are therefore constrained to suggest certain directional goals for future motion pictures in the field of mental health, psychology, and psychiatry.

In dealing with functional aspects of the human mind, films in psychology and psychiatry appeal not only to man's intellect, but also to his emotions. They promote learning through identification and activate awareness of unconscious mental processes by focusing attention on behavioral clues and creating subjective empathy in the audience. When skillfully produced, the psychiatrically oriented film surmounts the temporal limitations inherent in observations of real life as well as the static condensation of written and verbal case histories. Good films highlight the genetic essence of clinical data in a dynamically convincing manner.

The films reviewed in this volume fall into three general categories, according to their main function:

Technical films are designed to teach or inform professional audiences, such as students of medicine or psychology, psychiatrists, psychologists, psychiatric nurses, psychiatric social workers, general medical practitioners, and so forth. Most of the technical films reviewed here have a rather broad application in that they are useful to more than just one sector of the professional audience. For example, the *Psychotherapeutic Interviewing*

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Series of the Veterans Administration, while ostensibly addressed to the psychotherapist, is of value also to the psychiatric social worker, guidance worker, and general medical practitioner.

Nontechnical films are designed for popular audiences, and most of them fall under the heading of mental health education. These films portray and interpret life situations and experiences of the individual for the purpose of communicating psychodynamic principles and/or information concerning treatment.

Between these we find an overlapping third group which, although geared for the popular audience, elucidates psychopathology at a level sufficiently advanced for professionals in training or those already engaged in psychiatry and related occupations. The Canadian *Mental Mechanisms Series* (originally conceived as a therapeutic tool) is a case in point.

I.

Technical Films

Among the films reviewed in this volume only the *Mental Symptoms Series* and *Psychotherapeutic Interviewing Series* are designed to aid in systematic psychiatric training. All of the other films express the special interests of their authors rather than definite curricular subjects. They range over diverse areas of purpose and subject matter, with those on therapy, developmental psychology, and etiology of neuroses relatively frequent.

Most of the films are in the nature of demonstrations, either of cases or of diagnostic, therapeutic, and observational techniques. A few deal with general or special concepts. Scientific validity varies considerably; this is extensively discussed in the reviews. There is no definite correlation between validity of content and excellence or paucity of presentation. Insofar as most films represent the work of a particular author they are subject to criticism by other specialists holding different views. Many follow modern psychodynamic concepts, but their interpretation of the visually presented material is not always shared by others equally oriented. In some films the formulation or methods of experimentation are open to criticism, or the conclusions drawn are not fully supported by facts. The accuracy of statements made in the narration is occasionally dubitable, as in *The Feebleminded*. An elaborate and lengthy production such as *Activity for Schizophrenia* fails to consider the psychodynamic basis of the therapeutic approach, and even the convincing documentation of successful treatment in *Activity Group Therapy* lacks explanation of the underlying rationale.

Because of these circumstances most technical films need expert preparation and follow-up discussion when used in the training of professionals.

In this way they not only make a direct contribution to learning, but also an indirect one, by sharpening the critical faculties of their viewers.

Presentation

There is a *fundamental* division in the visual substance of psychological and psychiatric films, according to whether the subjects or patients shown are real or are represented by actors. Since most technical films in these fields serve the purpose of scientific documentation or research, it is obvious that, as a matter of necessity, they *must* use the real subject. If, on the other hand, the purpose of a film is to convey general ideas or broader concepts, the use of actors (professional or amateur) is often advantageous and even inevitable when the material is presented as a dramatization.

The difference between an actual patient, therapist, or other subject and his impersonation by an actor is not a merely technical one. The truth about the individual can only be revealed—and it is revealed unintentionally —by the individual himself. There is a quality of uniqueness, of personality, and of immediacy in the appearance of the real person on the screen that no style and accomplishment of acting can achieve, for the actor always impersonates an individual other than himself.

This authenticity sometimes compensates for crudity of presentation. Thus, *A Psychoneurosis with Compulsive Trends in the Making,* a case history which presents scenes from the life of a child from birth to her seventh year, is far more instructive, clinically, than could be any synthetic re-enactment of the same case, however smoothly produced. While many of the current technical films have been produced on an amateur or semi-amateur basis, they may be deemed effective to the extent that the details intended to be observed can be seen and the time for their perception is sufficient. The great difference in the precision and amount of visual detail between the film just mentioned, for example, and *Let There Be Light,* an Army film portraying the treatment of psychoneurotic soldiers, makes it clear that psychiatric acuity alone cannot do a full film job. Mastery of the motion-picture medium is needed as well.

Titling technique in silent amateur-made films is sometimes another complicating factor. Long titles transmitting case history and interpretative information, or data intended to fill visual gaps, reduce the impact of a film. In amateur productions provided with sound-track narration, such as *The Feeble-minded,* the narration may not only offer much more information than is shown on the screen, but often also discusses a point while something different is seen. Such dissociation makes it difficult to follow either the visual or the auditory part of the film.

There is no doubt that sound reproduction of clinical verbalizations has added a vital dimension to psychiatric and psychological films. But it

also poses problems which the amateur film maker finds difficult to surmount. Occasional inaudibility may result from poorly distributed microphones during recording sessions, with the resultant need for filling in with narration. If speech is recorded at length, and there is little variety in facial expression and gesticulation, the visual part of the film tends to become insignificant and monotonous. Such an effect, however, is not necessarily caused by the speaker himself. In the first units of the *Psychotherapeutic Interviewing Series* it is the result of an unchanging and unrevealing camera position. In the *Mental Symptoms Series* a formalized camera setup prevented fullest visual exploitation of the patients' expressions. A perfect synthesis of visual and verbal elements occurs in John Huston's *Let There Be Light*. Here, in unrehearsed interview and treatment episodes, a searching and knowing camera caught a wide range of emotional disturbance and recovery.

A factor as yet uninvestigated is the way in which the filming procedure itself affects the actions of the filmed subject, and thereby the authenticity of the phenomena to be recorded. Infants and certain types of mental patients appear indifferent to this procedure, once they have become accustomed to it. One of the patients, at least, in the *Mental Symptoms Series* reacts significantly to the camera, while, surprisingly enough, those in *Let There Be Light* behave as if they were alone with the psychiatrist. The concealed camera provides, of course, the best conditions, as in *Activity Group Therapy*. This film, incidentally, is remarkable not only for its sharpness of observation, resulting from the versatile use of three hidden cameras; but also, by showing strikingly in less than one hour personality changes occurring over a period of more than one year, the motion-picture medium makes it possible to perceive phenomena that cannot be observed so intensively in any other way.

The use of actors in technical psychiatric and psychological motion pictures is infrequent because few such films have been produced in which re-enactment is desirable or necessary. In the Navy film, *The N-P Patient* (not reviewed in this volume), the objective was to acquaint hospital corpsmen without medical background with the principal psychoses and neuroses. Actors were chosen for this job because they could bring out the general features more schematically than would have been possible with real patients. In *Ward Care of Psychotic Patients* actual violent or suicidal patients could hardly be used for systematic demonstrations of physical restraint procedures. The dramatization of a case history, as in *Activity for Schizophrenia*, obviously requires re-enactment. Yet even if such a role is acted by the actual patient whose story is told, as in *Journey Back* (not reviewed in this volume), he *acts himself* rather than *is* himself. *Shades of Gray*, a somewhat diffuse and pretentious film on the United States Army neuropsy-

chiatric program, partly overlaps in content with *Let There Be Light.* Although the roles of the patients are excellently acted in the former film, trained psychiatrists find the real patients in the latter infinitely more convincing.

II.

Mental Health Education Films

When the prospective client consults motion-picture catalogues to select a mental health or psychological film for purchase or rental, he is confronted with a long list of titles followed by—at best—a highly condensed description of the content of each film. Without previous knowledge he has no way of determining the scientific validity or cinematic quality of the film, nor can he accurately foretell whether the film he orders will meet the particular needs of his audience. For psychodynamic and psychotherapeutic concepts are transmitted with widely varying degrees of depth and conviction in these films, even though broadly accepted psychiatric principles are, for the majority, the common theoretical denominator.

Relationship between Content and Presentation

Unlike the technical psychiatric training film, the mental health film usually follows a biographical story line, synthetically constructed or based on an actual case history. Amateur and semi-professional actors are most frequently used, with such roles as therapist, social service worker, teacher, or psychiatrist commonly acted by professionals in these specific fields. Thus, the mental health film may carry the same emotional impact or fall prey to the same weaknesses as any dramatic production. A shallow and psychologically unconvincing story line will undermine even the finest interpretation of a given role; an unconvincing character portrayal will strip a valid story of its authenticity.

Whereas the compelling value of the psychiatric training film lies in actual patient demonstration rather than smoothness of presentation, the basic task of the mental health film is to transmit its message through a creative synthesis of visual and narrational material. This does not mean that everything appearing on the screen must be pointed up by commentary; on the contrary, the most effective production is one which knows what *not,* as well as *what,* to say.

Most important, perhaps, is that action and gesture combine to convey a sense of the subjects' living personalities, not merely their pathology. The mother pausing to replace a kitchen chair even as she pursues her psychotic daughter, Anne, in *Breakdown,* is a more telling clue to her character than the dry label, "compulsive and orderly"; the mother hastily combing her

boy's hair in the clinic waiting room in *Face of Youth* reveals her anxious overprotectiveness far more vividly than bald interpretation.

The gearing of visual images and commentary is no simple task in mental health films, and a discussion leader is necessary to compensate major failures in this respect. It is significant that only one film in the group, *Family Circles,* was judged thoroughly suitable (by our reviewing panels) for presentation without a qualified discussion leader. Narration may fail in various subtle ways. Omission may lead to distortion (e.g., the implied equation of overeating to hostility in *Feeling of Hostility*), or there may be needless interpretation of the obvious (e.g., the tired father in *Breakdown* and the narrator's banal remark, "Mr. Horton has had a long and hard day").

Similarly, film material may fail to support interesting and important commentary. In *City of the Sick* narration describing active therapeutic procedures is accompanied by a prolonged scene of aged mental patients passively seated on the ward. These are a few of the limitations present to greater or less degree in many mental health films. Others, more serious and less typical, are of specialized interest to the film maker and need not be discussed here.

Importance of the Psychodynamic Approach

The extent to which the psychodynamic approach has permeated the mental health film is extremely encouraging, even though the success with which it is incorporated into subject matter differs in degree.

Earlier, we said that action and gesture of the subject must be sufficiently rich to convey a sense of personality, not merely pathology. Now we shall add that even this is not enough; action and gestures of the central characters (prior to treatment) must interrelate on the personality level in such a way as to reveal the inevitability of—and necessity for—the pathological defensive behavior in terms of the family constellation. An excellent illustration of successful filmic integration of this approach is the family scene between mother, father, grandmother, and child in *Angry Boy.* Here real people—likable people—behave toward each other in such a way as to fortify each other's neuroses. Without extraneous commentary one readily understands Tommy's cumulative frustration, confusion, and repressed aggression. Other films that elicit similar understanding and sympathy are *The Quiet One, Feeling of Rejection, Fears of Children, Palmour Street, Family Circles, Feeling of Depression.*

The particular element which conveys the sense of developmental patterning is visual and artistic, rather than verbal and explanatory. In showing films to patients in group therapy, Prados[4] was struck by the infinitely greater emotional impact of the visual image over the auditory

material. This effect holds true for non-neurotic viewers as well, though probably to a lesser degree. For example, in *Feeling of Rejection,* Margaret's neurosis gains validity and stature through the powerful, climactic long shot of the little girl isolated in a corner with her toys. This scene emerges as a logical outcome of a series of psychological rejections by her parents. By contrast, *Preface to a Life,* a film which attempts to tackle psychodynamics by presenting alternative developmental paths for a child as a result of three hypothetical possibilities of family interaction, falls short of this goal because it presents the child as a passive tool in the hands of the parents.

Visual portrayal of process is, however, difficult. This is apparent in the problems encountered by films that attempt a convincing demonstration of psychotherapy. Process suggests time, and time must necessarily be indicated by various filmic devices—flashback, the repetitive turning of the pages of a calendar, and so forth. Highly skilled script writing, direction, and acting are needed to invest sample experiences from the past with sufficient meaning to render the end personality product convincing.

Treatment scenes showing patient and therapist, which may provide the point of departure for the reconstruction of a patient's life, may also lack vigor and conviction simply because there are necessarily so few of them and office scenes are visually static. *Emotional Health,* the story of the treatment of a young man's psychosomatic disorders, is a case in point. Even though the film cautions that time is required to effect cure, the flashbacks of the patient's life are so wooden, by and large, the psychiatrist is so active and encouraging, and the boy changes so radically that the film is chiefly useful to reassure unsophisticated audiences of the value of treatment. Psychotherapy with children is more amenable to dramatic portrayal because of the active play situation, where toys and other objects are actively manipulated by the child as symbolic equivalents.

Film Treatment of Psychiatric Concepts

Since the majority of mental health films more or less adhere to psychoanalytic principles, it seems worth while to call attention to the ways in which some of these concepts are handled.

Sibling rivalry is treated as a critical experience in most of the patients' life histories. Oedipal conflicts are not elaborated in the commentaries and are only indirectly suggested—verbally, in *Face of Youth* and behaviorally in *Fears of Children.* Dreams—usually nightmares—are interpreted as resulting from fear and insecurity in relation to problems of dominance and aggression.

In the films reviewed, sexual impulses and masturbation are completely ignored as normal—or even as pathological—manifestations of infancy and childhood. However, the makers of *Palmour Street* have had the realism to

include a scene of two little girls talking in a schoolyard after a man accosts them. One says to the other, "My mama told me about that a long time ago." She is presumably referring to sexual knowledge. It is indicative of the Calvinist influence in our society that a mental health movement which advocates understanding acceptance of the sexual as well as other human drives still segregates sex as a special subject—for educational films on sex *are* made—thus perpetuating a common social tendency to either reject sex as a normal human component, or to accept it at the purely intellectual, rather than the emotional level.

Even more unfortunate, since many parents by now know that toilet training has its own potential emotional hazards, is the avoidance of the whole question of toilet training in the films reviewed, with one exception: *Children's Emotions.* This film dares to show the baby on the toilet, and in several places reiterates that rigid toilet training by parents may provoke stubborn resistance in the child.

Familiarity with the film medium from the standpoints of production and utilization is leading to more balanced, less hostile character portrayal. There is a tendency to present parents as well-meaning but misguided, as opposed to an earlier tendency to paint them in highly critical terms. This will no doubt promote greater emotional acceptance of the mental hygiene message by parent audiences.

Some generalizations may be made in regard to the delineation of roles in the films reviewed. The mother is usually shown as the authoritarian force in the home, even though the father may appear as impulsively punitive. The role of the father is rarely explored—if it is, he is most commonly shown as a passive personality. In films dealing with psychotherapy of the child the father is not drawn into the treatment situation. The mother frequently obtains some form of guidance. Mothers-in-law are portrayed as dominant and disruptive figures in the family.

III.

Goals In Use and Production

As the preceding sections of this article have implied, there are many unsolved problems in the production of both technical and lay films in psychology and psychiatry. Most of the problems are basically alike for both kinds of films, although their different purposes and contents may require different solutions.

A successful approach to the production problem would involve the following steps:

1. Methodical over-all study of the need for motion pictures in any given area of professional or lay education.

2. Determination of the technical and financial feasibility of producing a given single film or series decided upon in the preceding study.
3. Selection of subject-matter specialists, educational advisors, and film makers for a given production project.
4. Production planning for the individual film in terms of its objective, content, treatment, and presentation.
5. Actual production: Development of visual and verbal material through the script stage, and execution of the film.

For none of these complex steps have valid standard procedures been developed so far in relation to psychological and psychiatric films. Obviously, these will vary according to type of film. It is impossible to go here into any detailed discussion, and not more than a few general remarks can be offered.

Technical Films

There should be no need at this time to argue that true teaching films would be a most desirable asset to professional training. That a genuine need for them exists may be estimated, for example, by the enthusiasm with which an audience of professional staff members of the New York State Psychiatric Institute received the *Mental Symptoms Series*—a far from perfectly conceived and produced group of films, but basic and essential teaching material. A few years ago, when Elias Katz[2] surveyed the use of films in clinical psychology, he received many specific suggestions for needed motion pictures from teachers of a variety of courses.

Undertakings such as the *Mental Symptoms Series* or *Psychotherapeutic Interviewing Series* will have limited effect in the total picture of professional education unless they are continued, expanded, and improved upon. A single government agency or teaching institution cannot accomplish more than a partial and occasional job in this area. It is up to the national organizations responsible for the training of professionals in these allied fields to initiate co-operatively the systematic production of teaching films.

Not discussed here, but of equal importance, is the need for films especially designed for use with group therapy patients. Prados[4] and Rowe[5] have pointed to the tremendous therapeutic possibilities inherent in films. On the basis of their own experience with this technique they have made numerous recommendations concerning desirable goals of production.

A special problem is posed by the film-making psychologists and psychiatrists. Just as they will always write articles and books, they will continue to make films. Nothing but *published* evaluation can control the scientific value of their productions, but they should come to know that there is no excuse for plain film amateurism. There are books on the technique and

structuring of films (although not on scientific film production), and useful film production courses are given in a few places. Not every specialist, however, has the time and talent needed for such training. The best he can do is find a competent film maker (not a "photographer") with whom to work.

Mental Health Education Films

In the past few years the mental health film has increasingly earned a place on the agenda of parent, teacher, and community meetings. Growing acceptance by these groups brings with it more specific needs in terms of film programming, and further use of this medium of communication will clarify our understanding of what mental health films should say and how they should say it.[3]

If a group finds its first showing of a mental health film informative and stimulating, it will want to repeat the experience. Inevitably, however, the screening of films chosen more or less at random leads to some disappointment in terms of audience response and follow-up discussion, unless the group is fortunate enough to have a creative and talented discussion leader. For mental health films vary considerably in degree of sophistication, as do their audiences. Repeated showing of such films with profitable discussion raises the group's level of understanding, but a first showing with a film that is too advanced may confuse and alienate the audience.

A non-academic audience should be introduced to the subject of mental health via a generalized orientational film—such as *Palmour Street, Breakdown,* or one that alleviates possible anxiety by discussing the relative aspects of mental health, such as *Shades of Gray.* Parents unfamiliar with psychodynamics react more positively to a relatively innocuous film, such as *Children's Emotions,* than they will to one that paints parents in an unfavorable light (however truthfully), such as *Feeling of Hostility.* Conversely, the audience which has seen and discussed numerous films—and thus acquired a certain degree of psychological insight—will feel dissatisfied with one that offers pat formula solutions, such as *Problem Children,* but will deeply appreciate any of the Canadian *Mental Mechanisms Series* (including *Feeling of Hostility*), or other more advanced films like *Angry Boy, Fears of Children* or *The Quiet One.*

This suggests that any group intending to use films in conjunction with an organized educational program in mental health should do so in an orderly way, beginning with general, overtly factual material and progressing to films that require some acceptance of unconscious, as well as conscious, mental processes. While existing films may be programmed in this way to some degree, the burden of responsibility still lies with the discussion leader to abstract from their content the message he regards as central to the group's educational requirements. Since the majority of these

films are produced independently by federal, state, or local governmental agencies, by institutions and private individuals, rather than on the basis of co-operative planning to meet broad public need, some films overlap in content, if not quality (e.g., *Angry Boy* and *Face of Youth*), others document or develop important themes inadequately (e.g., *City of the Sick, Steps of Age, Your Children's Sleep*).

A number of subjects that cry for individual treatment are only partially explored in films of broader content. For example, an elementary orientational film on gradations of emotional health would be most valuable, even though the introduction to *Shades of Gray*, a lengthy film on Army psychiatric care, handles the subject very well. A series of psychoanalytically oriented films on habit training—or at least one on toilet training—is badly needed. A courageous film on the implications of childhood sexuality (*not* the mechanics of sexual reproduction) is still lacking.

It is perhaps utopian to express the hope that some central agency undertake the responsibility of co-ordinating the production of mental health films in this country to better fill in these gaps and to add creatively to the existing body of films. It would at least be possible to survey the field periodically to inform institutions, welfare agencies, and other potential film makers of recent productions and to indicate what topical material needs translation into the film medium.

With respect to the construction of mental health films, certain recommendations have been made by review panel members who use films educationally with general audiences. There is considerable agreement on the need for films short enough to be presented at a meeting or in a classroom with ample time left over for adequate discussion.

It is also felt that many of the films reviewed here attempt too much—that is, their idea-density is too high—and that in consequence many complex ideas are oversimplified. In their experience, these educators find that the ensuing group discussion tends to focus on a limited aspect of the film. For example, anger was the emotion discussed most extensively at several screenings of *Children's Emotions* by one panel member. There has been general agreement in the Teachers College panel on the desirability of producing films suitable for sectional presentation. Emphasis was also placed on the importance of developing story lines in accordance with the stated theme of the film. *Steps of Age* demonstrates the abandonment of this goal; not only is one of the aged protagonists in this film psychotic—hence, atypical—but the producers became so preoccupied with the artistic elements of the film that it is extremely self-conscious.

During the course of this study we have learned some of the stories behind the actual making of these films. Many of them testify to the importance of maintaining continuous working contact with the psychiatrist,

psychoanalyst, or psychologist designated as consultant, from inception of the story until completion of the film. In one case, at least, specialists were consulted during the script-writing stage but were never approached thereafter. When they finally saw the film after release it made almost none of the points these doctors had stressed as essential; moreover, it aroused so much resistance in some viewers that it was considered suitable for only certain types of audiences. Variations of the same story abound in respect to other films.

Thus, in conclusion, we wish to emphasize the need for continuous teamwork in the production of mental health films.[1] For even as the child needs the mutuality of his parents to help him grow, so the mental health film needs a co-operative production team to guide it toward its place in the life of the community. And both make good citizens.

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Ruhe must have written first pages of this

Chapter 3

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THE USE OF MOTION PICTURES FOR THE TEACHING OF PSYCHIATRY

PSYCHIATRY is playing a major role in the current ferment in medical education. In the medical school and in continuing graduate education, it is an integrative force helping to knit together a compartmented curriculum through application of organismic concepts of human biology. The two recent joint Conferences on Psychiatric Education of the American Psychiatric Association and the Association of American Medical Colleges[1,2] have focused to an important degree the trends and deficiencies, the accomplisments and new study areas of this key segment of medical education. Yet nowhere has there been a serious critical study of the role of motion pictures in professional psychiatric instruction, despite their great potential to fill certain needs and to create intellectual and emotional experiences in sensitized individuals.

Some teachers of psychiatry and psychology have employed the motion picture for research and documentation of research. A few have sought to create "teaching" films. Others have attempted to apply the available films to their own needs. However, taken in toto, classroom and staffroom use of motion pictures for professional psychiatric instruction has been very irregular and, in the main, disappointing. That films might conceivably be very valuable to support the teaching of psychiatry is obvious. Yet their effectiveness has never been adequately tested, because the materials are scattered and uneven in quality, the audio-visual teaching knowledge and skills are poor, and the disciplines of use deficient. These shortcomings have not been solved. New and improved films are badly needed. Nevertheless, teaching experiments with presently available films can go far toward

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defining the precise specifications for those newer and better motion pictures to be made one day soon.

The suggestions presented here for motion-picture utilization in professional teaching are based upon present information, comparisons, and analyses. The analyses are, of course, made only in terms of the special environment of medical education, its setting, its content and its human subjects. The suggestions are tentative, designed primarily to provoke thought and original action.

The general nature of present professional medical education, including the teaching of psychiatry, may perhaps be characterized as being individualistic, e.g., there are essentially no standards of courses or curricula, and the individual is free to teach as he feels best. Medical educational subject matter is exceedingly complex and daily growing still more complex, touching upon almost every aspect of individual and group behavior. It is subdivided by specialty interests, although there is a growing trend toward unification. And it is still dominated by concepts of organic disease rather than by concepts of psychobiology.

I.

The Patterns of Film Utilization

In all medical professional teaching situations there are three principal patterns of film utilization: integrated classroom or staffroom use, collateral or seminar use, and individual study use. The mechanical difficulties of motion-picture handling retard the easy application of films by all of these routes. The varied nature of the available films creates a second difficulty. Some of the films reviewed here were produced for professional instruction; most of the others were intended primarily for non-technical groups, but may be modified for psychiatric education. In short, the diversity of the available film material and its challenges to proper utilization presently require a considerable degree of independent judgment and manipulation.

The reviews in this book are designed to supply abundant information to support this independence of approach. They provide information upon which much more can be built than the suggestions for utilization which follow. For these reviews are not only detailed in their descriptive material, but they also seek to give insight into the relationship between scientific content and motion-picture presentation that comprises the effectiveness of medical film communication.

A good many of the films studied here fit, in whole or in part, one or another concept of course-presentation in psychiatry. The great challenge lies in their judicious selection by the teacher, and in his knowledge of the ways to work with films, e.g., by careful integration into his lectures, by use of parts only, with or without editing,[3] by substitution of a personally

recorded magnetic sound track for the usual optical sound track,[4] and by *ad lib* narration, with the sound track turned off. The willingness of instructors to apply such techniques of utilization will be a test not only of their judgment of the relative worth of audio-visual teaching, but also of their willingness to experiment with the modern techniques of instruction. A warning must be given: careless or random use of films may often be worse than none at all, and can create wrong impressions both in regard to the subject matter and to films as a teaching instrument.

II.

Motion Pictures in the Medical School

The pre-eminent teaching effectiveness of direct interpersonal contacts between teacher and student, between patient and student is well recognized. Such influences of persons upon each other have far more impact in the main than verbal or visual expression of ideas. However, the absence of direct interpersonal experience in seeing a film on psychopathology may be advantageous in that more objective observation and analyses are possible when emotion-arousing patient relationships are absent. In addition, the unique capacities of the film medium to transcend space and time, to create illusion, to pictorialize fantasy, to portray the authentic settings of other lives, to supply imagination for the unimaginative, and to shape a deep emotional experience out of sights and sounds, all these qualities suggest that the proper films may well be introduced extensively into the relatively controlled environment of the medical school.

The medical school now presents psychiatric materials under a variety of titles: personality structure and development; social and environmental medicine; psychosomatic aspects of internal medicine, surgery, obstetrics and other specialties; and general psychiatry itself. Pediatrics presents the special aspects of growth and development along with child psychiatry. Neurology and endocrinology have broad areas of overlapping subject matter. In all of these fields, conceivably, films can play a role.

Personality Structure and Development: The teaching of humanistic medicine suggests the use of longitudinal case history films such as *Anna N.* and *A Psychoneurosis with Compulsive Trends in the Making*, whose high intrinsic worth surmounts their gross filmic defects. The four Canadian films, *Feeling of Rejection, Feelings of Hostility, Over-Dependency,* and *Feelings of Depression* are all dramatizations of typical case histories. *Preface to a Life* poses the possible routes which a boy's development might take under different parental pressures. *Grief: A Peril in Infancy* demonstrates the essential need of the child for the warmth and security of mother love; and *The Quiet One* extends that theme in its in-

imitable portrait of a deeply disturbed child. *Farewell to Childhood* portrays the tensions of adolescence. *Angry Boy* develops the effects of a neurotic family constellation. These are a few among many films dealing more or less adequately with personality development.

Social and Environmental Medicine: Preventive medicine is joining hands with psychiatry in studying the epidemiology of mental illness,[5] and in introducing sociology to medicine. Excluding the films in industrial medicine, most of those now available in sociological medicine concern themselves basically with mental health. *The Quiet One* is a revealing and damning social document, although its purpose is not primarily a social one. *Family Circles* is an essay on the positive and negative forces of family interaction. Both *Drug Addict* and *Drug Addiction* portray related socio-psychological diseases. Indeed, there is a great wealth of documentary and theatrical motion pictures whose settings, characters, and implications are deeply concerned with aspects of social medicine; these films await use in the deft hands of enlightened teachers.

It is possible that in medical sociology films may be almost essential to good teaching. For it is doubtful whether without graphic experiences students can truly empathize with lives and environments which they have never known at all, or may encounter but rarely. Through films, however, they can live in the slums of East Harlem in The *Quiet One,* the Southern small town Negro neighborhood in *Palmour Street,* the Scottish city in *Children on Trial.* Again, they can know the terrible realities of the wartime casualties of the spirit in *Let There Be Light,* in *Introduction to Battle Fatigue,* or, less grippingly, in *Shades of Gray.*

Psychosomatic Medicine: The concept that functional disorders can be recognized and differentiated from organic ailments has thoroughly permeated medicine, surgery, and the specialties. *Psychosomatic Disorders* is an inimitable introduction to the somatic manifestations of fear; the others of this series designed for battle-fatigue patients, *Insomnia, Irritability,* and the rest similarly present specific aspects of acute and chronic anxiety. *Over-Dependency* and *Emotional Health* are the case studies of young men whose somatic complaints bring them to perceptive physicians. Two recent films in obstetrics, *A Concept of Maternal and Neonatal Care* and *Normal Childbirth,* are fundamentally psychiatric in nature, the first focusing upon patient-centered psychological support of the pregnant woman, and the second propounding "delivery without fear."

Psychiatry: A number of films are available for the specific teaching of psychiatry. They range from such demonstrations of mental deficiency as are seen in *The Feeble-minded* to the experimental psychodynamics of *Unconscious Motivation* and *Hypnotic Behavior.* Psychoses are portrayed in

Mental Symptoms. The *Psychotherapeutic Interviewing Series* is timely and fills an acute need. However, these films could be much improved to serve optimal teaching purposes.

Psychiatric therapy of certain kinds lends itself to screen instruction. *Let There Be Light,* the film epic on wartime neuroses, presents narcosynthesis, hypnosis, and other procedures of treatment. In *Ward Care of Psychotic Patients,* those portions of the film which show locally acceptable techniques may be used as excerpts;[3] for example, the sections on hydrotherapy and on the precautionary measures taken against patient suicide lend themselves to such handling. *Frustration Play Techniques* graphically records a projective approach to the psychological study of children. *Activity Group Therapy* records a method of group treatment. *Activity for Schizophrenia,* while it overemphasizes physical rehabilitation, presents one controversial approach to treatment. The latter half of *The Quiet One* is a visualization of a free play therapy technique. It should be emphasized that the auditory and visual presentation of psychotherapy is one of the most important challenges to new production, despite the many difficulties surrounding motion pictures concerned with this subject matter area.

City of the Sick might provide one type of prelude for a student field trip to a mental hospital. *Mental Hospital* will have similar orientational values. Idealized institutional care is presented in *Breakdown* and *Out of True,* and idealized military psychiatric methods in *Shades of Gray.*

Pediatrics: This branch of medicine has the special task of presenting human development up through adolescence. As the most health-minded of the specialties, it may also frequently be called upon to teach preventive medicine. And it generally is asked to present the psychiatric problems of children. *Children's Emotions, Embryology of Human Behavior, Fears of Children, Palmour Street, Anna N., A Psychoneurosis with Compulsive Trends in the Making,* and many child health films aimed at parents can, if carefully used, provide materials for pediatric teaching, if only in collateral programs.

Neurology and Endocrinology: Both areas overlap dynamic psychiatry to a considerable degree, and each injects inescapable differentials of diagnosis. In examples such as *Seizure* and the three *Aphasia* films, neurological entities are clearly shown in their relationship to psychological complications.

III.

Motion Pictures For General Practitioners

The use of films for the county medical society and the general hospital staff is seriously limited by the fact that comparatively few motion pictures

have been made specifically for the continuing education of practitioners. However, the tolerance and interest of many practitioner groups are far greater than is seen in faculties in the schools, where a wealth of teacher and patient resources breeds contentment with the *status quo* of teaching methodology. Many films may often be risked with practitioners even in the absence of psychiatrist discussion leaders, in the conviction that main themes will be transmitted and small errors will not be of practical importance. These reviews should be helpful to program chairmen in medical societies and hospitals in their formulation of specific programs.

IV.

Films For Specialty Training of Psychiatrists

For the training of psychiatrists, certain films lend themselves to seminar use either as positive or negative presentations. Different approaches to psychiatric research are seen in *8 Infants: Tension Manifestations, Oral Behavior of Infants, Grief: A Peril in Infancy, The Smile of the Baby,* and the *Integrated Development Series.* Certain films are useful for assigned viewing by resident groups, e.g., the *Aphasia Series, Let There Be Light,* the *Mental Symptoms Series, Activity Group Therapy,* and the group of films on psychiatric therapies. The *Psychotherapeutic Interviewing Series* is a group of training films which will assist the resident psychiatrist. Moreover, a great many mental health films should be seen primarily for psychiatrists to become acquainted with current tools for their own mental health instruction of the public today.

V.

Films For Training in Allied Disciplines

The education of the clinical psychologist, the psychiatric nurse, the psychiatric social worker, and the occupational therapist presents specific problems peculiar to the needs of each professional group. The psychiatric out-patient clinic and the mental hospital provide services to the patient based on co-operation and mutual appreciation of the functions of each specialized professional group, as well as upon a large fund of common knowledge. Therefore, many films which provide useful material for the medical student and psychiatric resident may well be utilized in the orientation of allied professional workers. A few specific examples may be suggested, whose content directly concerns these groups.

The importance of psychiatric social work is emphasized in *Angry Boy,* but is critically absent in *Steps of Age.* And the important role of the psychiatric nurse is one incidental lesson of *Out of True.*

VI.

Summary and Conclusions

The films available for professional psychiatric teaching are in general of uneven quality, and with few exceptions were not made to meet the needs of the professional classroom or staffroom. Psychiatric instruction with the aid of films has to date been disappointing. Nevertheless, the unique powers of the motion picture strongly suggest the need for revaluation of producers and their productions, of obstacles to utilization, and of remedies for those obstacles. Experimentation in psychiatric teaching with films in classroom, staffroom, library, and home study is critically needed.

Yet even today many films are available which may be suggested for teaching under a number of headings. With careful handling they may be of important assistance to teachers now. From this practical use as well as from planned studies will come both better film production and improved instruction in psychiatry. Films in psychiatry have an important present and an enormous potential for the future.

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CHAPTER 4

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A HALF-CENTURY OF MOTION PICTURES IN NEUROLOGY, PSYCHIATRY, PSYCHOLOGY, AND MENTAL HEALTH EDUCATION

WHAT is common to the fifty-one motion pictures critically reviewed in this volume is that they all deal with functions of the mind, either as direct representations of the psychological and psychiatric sciences or, as in films for mental health education, with their applications to living. Yet in terms of film history, these motion pictures belong to different developments which mirror not only the changing status of film technique but also the great and revolutionary advances that have occurred in the sciences of the mind during the past half-century.

I.

THE PIONEERS

Although space limitations have prevented the inclusion of neurological film reviews in this book, it is interesting to note that neurologists were among the first physicians to make use of the film medium. In 1897, only a little over a year after the first public showing of motion pictures, Paul Schuster[1] of Berlin filmed patients with paralysis agitans, myoclonus, hemichorea and other neurological disorders to make his lectures independent of the case material at hand and to provide better observation of complex pathological motor phenomena. A year later the noted Rumanian clinician, Gheorghe Marinesco,[2] began to employ motion pictures for the study of the gait in hemiplegia and paraplegia; he was amazed by the wealth of "absolutely new facts" which frame-by-frame analysis of the films revealed to him.

A unique feat of film production strategy was accomplished by Walter G. Chase[3] of Boston in 1905. Chase, who was eager to make motion-picture records of epileptic seizures, devised the following ingenious arrangement to overcome the difficulties inherent in early film making—slow emulsions and time-consuming camera adjustment—and in the uncertainty of when a patient would have an attack. On a sunny day he assembled 125 male epi-

leptics, covered only with blankets, on the lawn of their Colony; as soon as one of them had a seizure his blanket was removed, and he was placed before the camera and filmed. In this way Chase obtained records of twenty-one grand-mal seizures.

At about the same time, the famous Emil Kraepelin of Munich was one of the first to make films of psychiatric cases. In 1910, Hans Hennes[4] of Bonn filmed the pathological movements of nineteen neurotic and psychotic patients. While stressing that films should never attempt to replace clinical demonstrations, he pointed out that they could be projected at any time, whereas psychotic patients often would not produce their symptoms in the lecture room or could not be taken there at all. If films on all important conditions existed, teachers would not be handicapped by gaps in their case material. Moreover, motion pictures often graphically presented phenomena that could hardly be verbally described.

It was, however, Theodore H. Weisenburg[5] of Philadelphia who, during that period, made the methodically most advanced contributions to motion pictures in neuropsychiatric teaching. Between 1908 and 1912 he had films made of patients representing every important neurological and psychiatric condition and employed them routinely in his course, first lecturing on a disease and then showing the footage pertaining to it. Originally, he used four or five minutes of film to demonstrate a patient; but gradually he developed a type of motion picture which illustrated a disease by means of its individual signs and symptoms in several patients. Weisenburg's films were apparently regarded as so effective that the Army used them for the training of neuropsychiatrists in World War I.

Only a moderate number of motion pictures on neuropsychiatric casualties were produced during World War I. Most of these were case records taken at hospitals; it seems that only in Germany some scattered attempts were made to film therapeutic procedures, such as the use of hypnosis in functional paralyses or compulsive movements.

II.

Between the Wars

Germany: Psychology for the Masses

It was also in Germany that films were employed for some rather different aspects of psychological subject matter. The wave of occultism which swept that defeated country and the widespread preoccupation with "the depths of the soul" also brought the morbid and psychic to expression in numerous motion pictures. The most famous of these, *The Cabinet of Dr. Caligari,* (1919)[6] was the fantastic tale of a medium committing

murders under the hypnotic influence of a mad psychiatrist. So-called *Kulturfilme* (educational motion pictures designed for theatrical exhibition), some of them of feature length, were produced on hypnosis and suggestion, "abnormal psychological conditions," and spiritualism.

Many German dramatic films of those years—a few of them works of art—dealt with the actions of psychopathic or mentally disturbed characters and with the working of the unconscious mind. Psychoanalysis, for the first time, was treated in a serious fashion in *Secrets of a Soul* (1926), made by the noted director G. W. Pabst, with the assistance of Karl Abraham and Hanns Sachs, two of Freud's early collaborators. This film, now regarded as a classic, dramatized the story of a patient suffering from homicidal impulses and knife phobia; it visualized how psychoanalytic treatment gradually released from the patient's unconscious mind the repressed memories of childhood incidents, thus freeing him from his symptoms and restoring his health.

The artistic ambition and scientific consciousness of this film failed, however, to influence the pattern of German films dramatizing subjects of psychopathology. *The Curse of Heredity,* pleading for "selective breeding of superior human beings," and *Inherited Instincts,* advocating sterilization of criminals, both produced about 1928, were, in the words of a contemporary observer, "so full of sensations and exciting catastrophes that the public hardly realizes that it is being informed and taught."[8] There is little doubt that these and other "psychological" films of similar nature helped to prepare the soil for the sweeping application by the Nazi regime of "eugenic" measures for the improvement of the "master race"—sterilization, selective breeding, destruction of mentally defective patients, and genocide.

Russia: *Forever Pavlov*

In 1925-1926, at the time Pabst made *Secrets of a Soul,* another outstanding film artist, the Russian, Vsevolod Pudovkin, tried his hand at directing *Mechanics of the Brain,*[9] a feature-length film based upon Pavlov's work and apparently designed to serve as an elementary introduction to neurophysiology and neuropathology. Produced in Pavlov's laboratory in Leningrad, the film was made without a formal script, and although it contained occasional flashes of film genius, it was uneven in organization and presentation and, surprisingly, in places also unsatisfactory as to scientific methodology. Perhaps for these reasons, but certainly because of the dominant role of Pavlov's teachings in Soviet science, the subject was remade in 1934-35, under the title *The Nervous System,*[9] this time apparently supervised by the master himself. Greatly expanded in content and detail, comprising now five sections totaling fourteen reels, the series was again in the nature of a generally understandable basic presentation. Significantly

enough, for Pavlov's centennial in 1950 the Soviet government prepared an elaborate biographical opus, *Ivan Pavlov.*[9] This beautifully produced film blended the external events of the scientist's life with a discussion and demonstration of some of his basic concepts and experiments, admixed some subtle as well as some obvious political propaganda, and conveyed the general impression that Pavlov and his associates had successfully coped with every neuropsychiatric problem and that no one else had accomplished anything worth mentioning in this field.

Films by the Scientists

To return to the film work of the scientists themselves, their output in the period between the two world wars was almost entirely in the areas of neurology and psychology. There was a good deal of occasional film making, and only a few investigators and teachers produced consistently and over a long period of time. In 1919 the outstanding French film producer-scientist, Jean Comandon, made with the neurologist Édouard Long of Geneva a series of fifty-four brief case demonstrations of common disorders of the nervous system. Beginning at about the same time and continuing for about two decades, S. Philip Goodhart of New York filmed in great detail the syndromes of many neurological conditions, sometimes following the course of disease in a patient over many years.[10] From the middle twenties Ernst Herz, then in Frankfurt, developed in a particularly methodical fashion the use of motion pictures for the investigation of neurological motor disorders. His studies filled several hundred reels, and he incorporated much of this material into teaching films.[11]

In psychology, film making was more widespread in the United States than in other countries. In 1937 Lester F. Beck[12] published a detailed review article with an appended list of films in psychology and allied sciences then available in this country. This study revealed not only a relatively large number—more than two hundred—of psychological films proper, but also a fair coverage of the various aspects of psychology, as they were investigated and taught at that time in universities and colleges. Remarkable was the large proportion of motion pictures on animal learning and on the development of infant and child behavior.

Then and later a few among the film-making psychologists used the medium routinely as a tool of investigation, usually adapting a larger or smaller portion of the material for teaching purposes. From 1926 onward Arnold Gesell, the founder and director of the Yale Clinic of Child Development, employed motion pictures extensively as a standard method for observing the behavior development of both normal and atypical infants and young children, using frame-by-frame analysis for the study of movement patterns. In addition to taking some 300,000 feet of film for research

purposes, he prepared a great number of teaching films[13] and used 3,200 selected frames from his material for the book, *An Atlas of Infant Behavior.* Between 1935 and 1941 Myrtle McGraw, at Babies Hospital in New York, also used motion pictures for the investigation of infant-behavior patterns under both experimental and clinical conditions.[14]

Kurt Lewin, of Iowa State University, produced many films between 1927 and the middle forties.[15] As described by Beck, they dealt mainly with the acquisition of perceptual and social behavior and illustrated various properties of the psychological milieu in relation to the needs of the child. From as early as 1930 Lewin used a sound track in his films whenever the reproduction of verbalization was essential.

Among the psychoanalytically oriented authors, Margaret E. Fries began in 1935 to make film records of the mother's adjustment to her newborn child in order to study the influence of different maternal attitudes upon the child's total development.[16] In two cases which she continued filming through several years of the child's life she was able to demonstrate the development of a neurosis through interaction with the home environment. In the same scientific category were the film records of René A. Spitz,[17] among which those depicting the results of emotional starvation in infants were of particular importance. In the early forties a series of observational film studies of children of nursery-school age[18] was begun by the Department of Child Study of Vassar College, under the direction of Mary S. Fisher and Lawrence J. Stone, largely using projective methods to demonstrate differences in personality pattern. Jules H. Masserman's films on neuroses in cats[19] showed, probably for the first time, the application of dynamic principles to animal experimentation.

In view of the fact that film making was relatively common among psychologists and also practiced by at least some neurologists, it is rather striking that, in the United States and apparently also elsewhere, hardly any motion pictures in clinical psychiatry were produced during the twenties and thirties. This is even stranger if one considers that films could have substituted to some extent for clinical demonstrations in countries such as the United States where the psychiatric teaching programs in medical schools were little developed.

As late as 1936 the London *Lancet* explained that inasmuch as psychiatric symptomatology was predominantly verbal it could not be properly reproduced in silent films.[20] However, these could have very well illustrated significant visible psychiatric phenomena—as they had done in the early stages of motion pictures—and, furthermore, sound film equipment had been available since the late twenties.

Since most scientific films originated on the initiative of individual authors, it would appear that psychiatrists were not sufficiently aware of

the potentialities of motion pictures. In the United States, A. H. Leighton made two silent films on gesturing and catatonia in schizophrenia in 1938, followed by a few sound films reproducing interviews with psychotic patients.[21] A few other authors produced films on an amateur basis on such subjects as mental deficiency, electro-encephalography, and shock therapy, but altogether, the possibilities of psychiatric films remained almost untouched.

Body without Soul

Another rather significant deficiency occurred in health-education films, which were produced in large numbers and dealt exclusively with organic diseases and their prevention. Of hundreds of health films of the period from 1917 to 1946 studied by the author not one can be recalled in which the role of psychological factors in health and disease was presented in other than the most superficial or moralistic fashion, if at all. Perhaps the only exceptions were some of the late Carlyle Ellis's films of the early twenties which, although not dealing with psychological subject matter as such, revealed an uncommon insight into the mental aspects of child care and the psychology of audiences of mothers.

When in the late thirties the Commission on Human Relations of the Progressive Education Association wished to advance the use of motion pictures for the understanding of behavior problems, it had to resort to theatrical films. Excerpts were edited from some thirty Hollywood feature films (and the famous French picture *La Maternelle*), and these were used as material for group discussions conducted according to a technique devised by Alice V. Keliher.[22]

III.

World War II

A decisive change in motion pictures dealing with the human mind was brought about by the psychiatric realities of World War II. Although this change, in terms of subject matter, was limited to a rather narrow area, it did demonstrate the extraordinary power and possibilities of films conceived and executed with competence and imagination in both the psychiatric and cinematic aspects. The progress was the more striking as many of the previous motion pictures in the neuropsychiatric and psychological fields had been in substance merely amateur-produced records of patients or experiments, often exhibiting the mistakes common in such films.

The first of the wartime psychiatric films was the British *Neuropsychiatry* (more aptly called *Psychiatry in Action*[23] in the United States). Made in

1943, this true documentary gave an over-all picture of the organization of an emergency hospital for civilian and military war neuroses and of the diagnostic and therapeutic procedures used. While this film showed real patients, *Field Psychiatry*, another British picture—also used by the United States Armed Forces—was a dramatization designed to orient general medical officers and personnel regarding the causes of combat fatigue and its treatment under field conditions. It was memorable for its relentless portrayal of the gradual breakdown of a soldier six days under fire in a foxhole, and for the final twist when its central figure, the medical officer, was diagnosed as a case of combat fatigue himself.

Howard P. Rome, then in the Medical Corps of the United States Navy, initiated and designed psychiatric films of which the first *The N-P Patient* (1944),[24] addressed to hospital corpsmen, admirably explained to young men without medical background the nature of the common neurotic and psychotic conditions, the most important therapeutic procedures, and the role of the hospital corpsman in the management of the patients. This was followed by the Navy's *Combat Fatigue Series*,[24] in which for the first time the motion picture was employed as a tool of group psychotherapy.[25] The five films of this series, all of them dramatizations, were carefully balanced to evoke a therapeutic response while shielding the patients from too great an emotional release. At least two of the films, *Introduction to Combat Fatigue* and *Psychosomatic Disorders*, were outstanding examples of the fusion of imaginative psychiatric thinking and artistically splendid visualization in presenting such difficult concepts as unconscious guilt or the fear mechanism.

The group of wartime psychiatric films was concluded by the Army production *Let There Be Light* (1945). Thanks to the penetrating artistry of its director, John Huston, and the use of actual patients, this powerful and moving film showed the great advances of psychiatry by following the treatment of a group of psychoneurotic war casualties in a specialized Army hospital.

IV.

The Postwar Period

The Rise of the Mental Health Film

The end of the war brought the production of psychiatric films to a stop which, however, was only of short duration. For soon after there was a sharp awakening in the United States, and also in other countries of Western civilization, to what has become known as the mental-health movement. The impetus of the tremendous developments in wartime training and information films was still alive, translating itself into rising

production and use of non-theatrical films of every description. It was natural for the new mental health movement to avail itself of the motion picture as an effective means of enlightenment. It is reported that Governor Youngdahl of Minnesota aroused popular support for a mental-health program by touring his state with *Let There Be Light* (before a "Restricted" label was put on the film to protect the identity of the patients appearing in it.)

After production of mental health films had started in a somewhat spotty and partly amateurish manner, it was *The Feeling of Rejection*, made in 1947 by the National Film Board of Canada, which attracted wide attention and became a success from the moment of its release. Originally conceived by the psychoanalysts Bruce Ruddick and Miguel Prados as the first unit of a series intended for use in group psychotherapy, this artistically superior film also evoked a strong response from other audiences. As a result, the psychiatric advisers of the Canadian government preferred to treat the subsequent units—on hostility, overdependence, and depression—in terms of interested general audiences rather than as a specific therapeutic tool. Directed to the broad theatergoing public was the powerful Hollywood picture, *The Snake Pit* (1948), which dramatized the subject of mental illness and the horrors of inadequate mental hospitals. Presenting its story with integrity, the film employed psychoanalytic concepts to explain the heroine's disease. The story line of *The Snake Pit* was repeated, in less sharply dramatic form, by the Canadian *Breakdown* and the British *Out of True*, both released in 1951; these films, however, emphasized the existence of good institutional care.

By 1949 the demand for motion pictures on mental health had become outspoken enough for the National Institute of Mental Health of the United States Public Health Service to join with the former National Committee for Mental Hygiene in establishing the National Mental Health Film Board. This body organized production financing by state mental health agencies and co-operated with the National Association for Mental Health in initiating and supervising the production of *Angry Boy, The Steps of Age*, and several other films.

The use of psychodynamic concepts characterized not only the above-mentioned and subsequently produced films on mental health but also many in closely related fields. Among those released during the past years were the series, *Child Development, Marriage for Moderns,* and *Educational Psychology,* produced by the Text-Film Department of the McGraw-Hill Book Company, and the *Personality Development Series* of Encyclopaedia Britannica Films, supervised by Lawrence K. Frank. Canada and Great Britain contributed in particular subjects on child welfare and development. A considerable total number of films have been made in the areas of family

relationships, sex education, juvenile delinquency, alcoholism, drug addiction, and race relations; some of these, for example, *Human Beginnings, Human Growth, The Quiet One,* and *The High Wall,* have been remarkable for their powerful artistic treatment of the subject.

The Challenge of the Training Film

Because of the existing wide interest in mental health there has been continued and often adequate production financing by both nonprofit agencies and commercial film producers. This has resulted not only in a steady flow of films but also in the prevalence of professional production standards.

The same cannot be said of the technical films in neurology, psychiatry, and psychology. Despite the proven effectiveness of motion pictures as a means of professional instruction in these areas, an organized market large enough to attract commercial producers does not yet exist. On the other hand, financial support from public funds has remained sporadic; the Veterans Administration's *Psychotherapeutic Interviewing Series* and three films on *Aphasia,* the *Mental Symptoms Series* of the National Film Board of Canada, and a few neurological films made by the United States Army almost exhaust the instances of such sponsorship; and there has been hardly any support from academic or philanthropic bodies.

Moreover, some of these films have not lived up to the established high standards of visual analysis or even adequate sound reproduction. Most other current technical films in this area are, as heretofore, records or reports of observations or experiments by individual authors, usually produced in the low but undying tradition of amateur or semi-amateur movie-making.

V.

Retrospect and Prospect

Looking back over the past fifty-six years—a very short span as history goes—the motion picture has made some contributions to the sciences of the mind and their applications to living. It has recorded and helped to analyze a great volume of clinical and experimental observations; done a bit for the teaching of fundamentals; attempted at one time—in Germany—to probe the "secrets" of the soul, and then to preach racist eugenics; performed an impressive job in presenting the subject of war neuroses and in serving as a therapeutic aid; and begun to explain to widening groups the dynamics of the individual and of his interpersonal relationships.

The motion picture will always remain an instrument of scientific

recording, observation, and research in neurology, psychiatry, and psychology. Yet in the technical sphere, the challenge is to make it an efficient and methodical helper in the training of professionals. And in the nontechnical sphere, imagination hesitates to contemplate what might happen if films penetrating the psychodynamics of the individual and of society, made by great psychologists with great film artists, were admitted onto the screens of the theaters and television.

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24. Distributed (to professional groups and teaching institutions only) by Department of the Navy, Bureau of Medicine and Surgery, Audio-Visual Training Section, Washington 25, D. C.

25. Rome, H. P., "Audio-Visual Aids in Psychiatry", *Business Screen* 6:68 (Issue 5), 1945.

The data in this chapter have been derived in part from research material prepared by the author for his study, "A History of Motion Pictures in Medicine", originally sponsored by the Audio-Visual Training Section, Bureau of Medicine and Surgery, Department of the Navy, and now being completed under a contract from the Office of Naval Research, administered by the Film Library of the Museum of Modern Art in New York.

PART III

Reviews

OF

FILMS IN PSYCHIATRY, PSYCHOLOGY & MENTAL HEALTH

(1)

ACTIVITY FOR SCHIZOPHRENIA: TECHNIQUE FOR CORRECTIVE THERAPY

THIS documentary-style film demonstrates techniques of physical activity in a corrective therapy program for acute schizophrenics, using the dramatization of a clinical case to illustrate the material. Although the film is well-produced, its content is unsound, since it is not based on dynamic principles of modern psychiatry. A small phase of the treatment program is stressed without appreciation of a total coordinated approach. This lack of objectivity results in a film without the broad applications in medical education which this important subject justly deserves.

AUDIENCE: Mental institution personnel, medical students, general practitioners, nurses, students of psychology, social workers, occupational therapists.

PRODUCTION DATA: 16 mm., black-and-white, sound, 900 feet, 27 minutes. *Year of Production*: 1951. *Country of Origin*: U.S.A. *Producer*: Presentation Division, Veterans Administration, for Department of Medicine and Surgery, Veterans Administration.

DISTRIBUTION: V. A. Central Office Film Library, United States Department of Agriculture, Motion Picture Section, Washington 25, D. C. Loan.

CONTENT DESCRIPTION

The film is introduced with a prologue which reads: "Corrective therapy is one of the keys that unlocks the prison of a sick mind. It offers an acceptable means of expression, gradually reorienting the patient to a world of social relationships. Psychiatry is laying great stress on the sensory level as a route of approach to the mentally ill patient. Physical activity can serve the patient as a means of expression. It becomes his language. Through pleasurable physical contact the patient can be brought to an awareness of reality."

In the first scene a young male patient is brought through locked doors by two men in white coats who force him to sit in a chair. He stares into space and pulls compulsively at his nose. The narrator says there are words to describe this man's illness—words like schizophrenia, with its subtypes, paranoid, hebephrenic, catatonic, the simple and mixed types. Then a series of patients is shown in panorama. One of them shadowboxes in

the center of the room, his face grimacing in fearful response to an hallucination.

In many instances, the narrator points out, these cases may be cured by therapy if carefully chosen to fulfill the patient's specific needs. The viewer is taken to a staff conference where the ward psychiatrist addresses the group. "We will discuss the case of Robert Scott," he begins. The patient's hospital course is dramatized, and in the first scene he pushes a tray of food to the floor. His strong suicidal tendencies are noted as he is shown charging toward a wall with lowered head. Suddenly a nurse jumps in front of him, and he stops short.

The report of the social-service worker reveals that the patient had been discharged from the army with a diagnosis of psychoneurosis. He then worked as an accountant for his father but gradually withdrew from social life. The patient is seen sitting at a desk. He stops his work and begins stereotypic movements. One evening he accuses his father of poisoning him and becomes violent. Suddenly he shoves the food off the table, grabs a knife, and attempts to stab his father.

The nurse's observations follow. At first the patient is withdrawn and preoccupied. Scott is shown sitting alone. A tall young man in a white suit walks to the patient who looks up and scowls, "Get outta here, Slim." The therapist makes no attempt to engage Scott in conversation and walks away. It is explained that the patient's response was considered to be a good sign, and so it was decided that the corrective therapist should work for a positive transference. Later, however, it was felt that Scott was not progressing, and the decision was made to administer a series of electroconvulsive treatments. The accompanying scene depicts the shock treatment room with equipment and personnel. The patient then undergoes a simulated tonic clonic convulsive seizure.

Soon it is possible to give him psychological tests. The patient is shown working with the psychologist. As he examines a Rorschach card he appears silently intent. The narrator explains that after these tests it was possible "to fit together the jigsaw pieces of Scott's life." Following this the patient is seen with the corrective therapist. By reawakening pleasurable childhood memories the therapist hopes to bring the patient to an awareness of his present surroundings. In one scene a nurse offers Scott and Slim some candy. After watching Slim enjoy his, Scott gradually moves the candy to his mouth and takes a small bite. Later, in one of the corrective therapy clinics, the patient is seen lifting rope with the other patients. "In group activity patients are taught to play *with,* not *against,* each other, for the social aspect is all important." Several scenes follow to demonstrate the various types of activity in which the patients may take part. While patients are shown in a pool the narrator points out the advantages of swimming,

which can be used to sedate the overactive patient, stimulate the stuporous patient, and which is applicable to many types of schizophrenia. Scott swims to the edge of the pool, climbs out, and stands smiling with Slim.

Next the patient and the ward psychiatrist are shown playing chess, the latter taking the opportunity to study the patient at close range. As the patient progresses he accepts a new therapist who has been assigned to him to wean him from his complete dependency on Slim Barry.

At the staff conference it is stated that the patient has made sufficient progress so that he might be transferred to an open ward. In a water basketball game the patient performs vigorously. The narrator explains that exercise and other benefits from such activity are purely secondary; the main emphasis is on stimulation to handle social situations in a more natural and effective manner.

Scott and the conference leader are seen seated at a table. The patient is crying. He has begun a new phase of psychotherapy leading to a more favorable acceptance of his father and mother. This is always a painful experience, it is pointed out, but it is a basic step in solving the patient's problem. In another scene the patient warmly receives his parents.

Before discharge other therapeutic measures are carried out, including occupational therapy and manual arts therapy. During these closing scenes the narrator states that corrective therapy is not offered as a cure-all for schizophrenia, then adds, "It can be the first step—one of the keys to the barrier of the schizophrenic's private world that may eventually release him to the freedom of the real world all around."

The film ends with Scott playing baseball. The ward psychiatrist, who is watching the game, waves to Scott and Slim, who return his greeting with a wave and a smile, and finally the camera turns to a sign which reads "Veterans Administration Hospital."

APPRAISAL

CONTENT: This film, produced by the Veterans Adminstration, attempts to demonstrate the methods by which physical activity techniques may be incorporated in a corrective therapy program for institutionalized schizophrenic patients. A clinical case is dramatized to illustrate the progressive steps in the management of such a patient, and supplementary narration is utilized to describe the details of the techniques shown, to indicate the necessary changes in the regime during the clinical course, and to explain the rationale underlying the physical activity program. The title is misleading since the film does not deal with physical activity nor occupational therapy exclusively; rather, many aspects of treatment are shown. Some of these are presented under the guise of physical activity when they might be considered more appropriately as phases of psychotherapy.

Although the objectives are not stated in the film, it apparently was designed to reach persons directly interested in methods of handling mentally ill patients in an institution, with particular emphasis on physical activity. The material is timely, and it is pertinent to the approach which psychiatry is making toward the treatment of the acutely ill schizophrenic. However, the problem is not clearly presented, the material is handled superficially, and the suggested conclusions offered are not scientifically sound. The methods of treatment shown are important in themselves, but there is a lack of appreciation of the fundamental principles underlying the physical activity techniques.

One of the important aspects in the treatment of Robert Scott is his positive transference to the therapist Slim Barry. The film vaguely suggests that the physical activity in which the two were engaged somehow brought about a satisfactory patient-therapist relationship, yet the skillful passivity which the therapist vividly demonstrates is not analyzed. There are also certain inaccuracies in the presentation of clinical material. The portrayal of withdrawn features, the paranoid ideation, flatness of affect, and stereotypy are typical schizophrenic characteristics, but the patient's responsiveness to those about him, e.g., when he stops running toward a wall because a nurse steps in his way, his easily developed positive relationships with the therapist and nurses, and his marked improvement with final acceptance of his parents do not appear convincing.

As to the mental hospital facilities shown in the film, there is justifiable license in demonstrating ideal building facilities, equipment and personnel, although the relatively great amount of personal attention which the senior therapist gives to an individual patient is unrealistic. The final results apparently achieved in the treatment of the case are somewhat overenthusiastic, considering the known results in such patients treated with the best methods available today.

Finally, the film allows the viewer to entertain the idea that the patient developed schizophrenia following a diagnosis of psychoneurosis. That is contrary to sound psychiatric thinking regarding the etiology and natural history of dementia praecox and would be misleading to the viewer lacking proper orientation.

PRESENTATION: The film is designed in documentary style, utilizing the conference table discussion of a case history with dramatization of the key points in the patient's progress, to present the material. The scenes take place within the buildings and on the grounds of a mental institution. Since there are no actual patients shown in this motion picture, a heavy burden has fallen on the acting, which for the most part is well done, especially the leading character who almost captures the autistic personality pattern of the schizophrenic. The shadowboxer is distracting at times and does not

present the picture of schizophrenia. Direction in the film could not add the necessary spark to the conference scenes which are static, unrealistic, and lacking in spontaneity.

The quality of photography, lighting techniques, camera work, editing, and sound track are adequate. Although the pace is erratic at times, the continuity is generally smooth.

From a presentation standpoint the shock therapy scenes deserve consideration. They are brilliantly executed in every detail; however, this very quality reveals the lack of foresight at the planning level of the motion picture, since the realism achieved in the shock scenes limits the film to audiences conditioned to view such therapeutic techniques without undue anxiety.

Finally, it seems pertinent to comment regarding the use of the motion-picture medium in presenting this particular subject. Since the techniques utilized in the film are well employed for the most part, and since the subject readily lends itself to motion-picture presentation, it follows that the idea content is at fault rather than the medium itself. In considering the end results it seems that the planning efforts behind this film fell down at the expense of rather high-caliber executional efforts.

EFFECTIVENESS: The apparent goal for this film, that of demonstrating to those interested in the techniques of occupational therapy or "physical activity" methods employed in the treatment of schizophrenics in mental institutions, has been approached, but the result is not a satisfactory one. There is incorrect emphasis on the techniques of "corrective therapy" with a lack of appreciation of dynamics behind the techniques. Certain professional audiences may not be too concerned with its incompleteness, since much of the subject matter may be taken for granted; however, the tendency of this film to give wrong impressions regarding the relationship of a small phase of the treatment program of schizophrenics—i.e., occupational therapy—to the over-all purpose and goals underlying total therapy is a serious fault and one which necessitates caution in evaluating this film as a method of presenting information dealing with a medical subject. In spite of great effort, time, and expense which have gone into the production of such a film, unselective distribution could be damaging.

As a means of demonstrating to mental hospital personnel the tools and techniques of "corrective therapy" this film has value, since there are definite goals in mind in reaching this type of audience. The warmth and friendliness which the therapist Slim personifies, the consistent attitude of passivity (except for the forced-feeding scenes), and the superficial explanations of certain procedures should be helpful in orientation. Since the visual portion of the film is superior, revision of the introductory title and the narration content would make the film more useful in medical teaching.

UTILIZATION

This film may be shown to mental institution personnel at all levels. It should be shown to students of psychotherapy only under supervision. Medical students, general practitioners, nurses, advanced students of clinical psychology, psychiatric social workers, and occupational therapists may benefit from seeing this film since it can serve as a basis for discussion; qualified instructors should be available if the film is to be used as a teaching device. It is not for general distribution and would serve no useful purpose in mental health groups.

(2)

ACTIVITY GROUP THERAPY

THE FILM shows in a general way the indications and selections of cases for Activity Group Therapy and, by means of concealed cameras, records most impressively the setup and conduct of the therapeutic sessions and the personality development of a group of emotionally disturbed boys which take place during the treatment. Although the effectiveness of the therapy is strikingly proved, its theory and practice are not adequately explained. On the other hand, the film provides excellent and unique material for the psychomorphological study of various types of personality disorder.

AUDIENCE: Psychiatrists, psychologists, psychiatric social workers, medical students. Interpretation by someone familiar with the technique of Activity Group Therapy is essential.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,817 feet, 50 minutes. *Year of Production*: 1949-50. *Country of Origin*: U.S.A. *Author*: S. R. Slavson, Director of Group Therapy, Jewish Board of Guardians, New York. *Sponsor*: Nathan Hofheimer Foundation. *Producer*: Campus Film Productions, New York. *Camera*: Nat Campus.

DISTRIBUTION: Columbia University Educational Films, 413 West 117th Street, New York 27, N. Y. *Sale*: $150. *Rental*: $10 (first day), $5 (second day), $2.50 (additional days).

CONTENT DESCRIPTION

In an introduction, the narrator emphasizes the impact which environment and personal contacts have on the development of the child's personality. On the screen, children are shown in their bewilderment as the adult world crowds in on them. Some of the personality problems which arise during the complex process of growth are described and briefly depicted. The question of treatment for such personality disorders leads to consideration of Activity Group Therapy as a means of improving emotional mal-

adjustments by allowing children to work with one another under the guidance of a permissive adult. The choosing of a balanced group of maladjusted children for one such work group is re-enacted by the actual psychiatric case workers involved. A psychiatrist is consulted in a difficult case. Boy by boy, a group is chosen, with particular attention to three who are to be followed more closely in the film: Bob, who is excessively aggressive; Albert, who is withdrawn and a latent schizophrenic; and Henry, who is introverted, antisocial, and suffering from anxiety hysteria.

The group chosen is to meet in weekly sessions; in six out of sixty-five sessions, all of their activities were recorded by hidden cameras and microphones. From the complete film records of these six sessions representative scenes have been chosen to show the group's progress. The therapy room is shown with its workbenches, tools, and recreational equipment. The therapist lays out the work materials for the session. The boys arrive singly and in groups and explore cautiously, depending on the therapist for stimulation and guidance. Henry, the introverted boy, arrives late and is allowed to stand apart and watch silently. After some time, he ventures to play with a pingpong paddle and ball; eventually he hides in a packing crate and only emerges at refreshment time. Albert is very late—he minces about, cautious and shy, attentive to his appearance, feminine in mannerisms. Bob is active and barely able to concentrate on any one activity for more than a moment. The instructor emphasizes his permissiveness by allowing the boys to dawdle before refreshments and before leaving, without censoring them.

During the fifth session, the boys are at the peak period of their aggressive development, smashing the equipment, forcing the cabinet locks, ransacking the shelves, and creating as much disorder as they can. The therapist interferes when the disorder becomes dangerously violent and closes the session. At one of the frequent supervision conferences, the group is reviewed by the directors who decide that while the group's hyperactivity was a normal part of its development, Robert had shown such severe aggressive tendencies that he was proving dangerous to the group. Bob, on the other hand, although aggressive, is not considered disturbing to the group's progress. It is therefore decided to remove Robert and to replace him by an introvert.

Session eighteen reveals development in the various boys. Henry is now associating more freely and joins the group in constructive work. Bob, who has previously been censored by the group for his aggressiveness, now sticks close to the therapist, as do many of the boys, who, however, are manifesting transference rather than dependence.

Session twenty-nine reveals further evidences of change in the boys and a more definite pattern of group behavior. The boys unlock the cabinets and they themselves prepare for the session. Albert is wearing dungarees

for the first time and working with hammer and saw. He stands up actively to Bob's aggression, as does Henry. The boys plan a trip on their own. For the first time they use profanity, climaxed by Bob's telling a dirty story. The group decides Bob has gone too far and threatens to wash his mouth with soap, but gives him another chance when he promises to bring firecrackers.

Session thirty-eight is a picnic, part of a series of field trips which expand the group environment. Henry and Albert play baseball and manifest increased masculinity.

In session sixty-five, the final session shown, Bob has leveled off and is now quiet and orderly. Albert moves with improved co-ordination and masculine assurance. Henry manifests self-confidence in his posture and bearing, meeting Bob at a common level. Orderliness and maturity in the entire group are evident at refreshment time.

A recapitulation of representative scenes from the entire film accents the development of Albert, Bob, and Henry, and a view of each of the boys, now aware of the camera, emphasizes their healthy response to group therapy.

APPRAISAL

CONTENT: This film attempts to show, in a general way, the indications for Activity Group Therapy; how those cases considered amenable are chosen to participate; the manner in which sessions are carried out; and, with actual examples, how effective such therapy can be. The main body of the film is straightforward, made up of actual footage, interpreted by a narrative account of the group's progress, with particular emphasis on three boys.

The physical setup, conduct, and results of the session are exceedingly well brought out, and in this respect the film is a splendid source of information. However, it is not clear from the film how the personality developments are actually accomplished. The concepts and practices of therapy by group interaction are indicated in a few introductory titles but are not explained. How is it possible, for example, to change Henry so fundamentally within seven or eight short months, merely by having him play with other children?

The play of these youngsters is of course not uncontrolled; but the role of the therapist, as he hovers quietly in the background, is not analyzed. The narration mentions that the therapist is permissive, helpful, and, on rare occasions, supervisory; a few examples of his intervention are shown and pointed out, but he appears predominantly passive. What is going on behind his apparent passivity and what factors determine his decisions to become temporarily active are not discussed. He may represent a kind of super-ego whose authority is exerted subtly and sparingly but is nonetheless

there. His passivity is probably a deliberate attempt to avoid raising in the boys, by overt attentiveness, unconscious fears of homosexual seduction, which would have caused the boys to reject him. The fact that the therapist's capabilities must be of a very high order is implied, but is not manifest in the film.

Similarly, no explanation is given of the rationale for the premature closing of the fifth session, in which the aggression of the boys reaches a climax, nor is it indicated how they reacted to this measure and to Robert's removal. Another question which is left uninterpreted is the part which the prepubertal changes occurring during the treatment played in the remarkable metamorphoses of these boys. It may well be that some of these natural changes were not only counted on but even turned to the therapist's advantage. In any event, the question will present itself to the discerning audience at which the film is aimed and would have deserved mention of some kind.

PRESENTATION: As far as the main body of the film—the record of the sessions—is concerned, *Activity Group Therapy* is an outstanding example of the technique applying concealed film cameras. The boys' activities were covered by three hidden cameras (one of them operated by remote control). A complete sound film record of the six sessions was made, from which the present film was selected and edited with great skill. The visual treatment is astoundingly fluid for this type of motion picture, thanks to the multiple camera setup and the alert and sensitive way in which the boys were observed. The cameras smoothly follow the group as a whole, as well as the interplay between individual boys, or the behavior of a single one. Sometimes a striking detail is viewed from different angles, providing optimum observation.

The visual impact is not paralleled by the recording of the boys' conversations which are mostly unintelligible; yet in many places the poor sound reproduction proved an asset, since most of what the boys said was actually irrelevant and might have diverted attention from their action. And, in any event, most of the sound track is taken up by the narration. In contrast to the superior visual reproduction of the sessions are the scenes depicting planning conferences. These are re-enacted stiffly and artificially and suffer likewise from poor sound recording. Even so, the use of the actual participants in these scenes is preferable to that of overpolished and unconvincing actors. On the other hand, the effort to achieve authenticity was carried to an extreme in the decision to use the boys' actual first names. Had either Bob or Robert, who have similar problems and look alike, been given a different name, some confusion could have been avoided.

EFFECTIVENESS: This is an extraordinary film which not only portrays

the personality development occurring under the influence of Activity Group Therapy but also gives convincing, objective proof of the efficacy of a psychiatric treatment method. Because of the facility with which the striking personality changes are apparently wrought, the seeming passivity of the therapist and the missing information on the theoretical and technical aspects of the treatment there is a danger that unqualified persons might try to copy the method and inflict damage to the patients.

However, much that is not fully developed by the presentation, such as the therapist's role, becomes clearer on repeated viewings. Because of its intensity of observation, the film has a tremendous touch of real life. It offers fascinating material for psychomorphological study and for seeing the changing of personalities not observable in such clarity in any other way.

From the psychiatric point of view, excellent study material is also provided by the balancing of the group with children representing effeminate, withdrawn, hyperactive, depressive, and schizophrenic types.

UTILIZATION

The use of this film should be strictly limited to professional audiences, including psychiatrists, psychologists, psychiatric social workers, and medical students. An expert in the theory and technique of Activity Group Therapy should be present to provide the technical information not included in the film. Since such experts are not available everywhere, a study guide for the film would be a necessity. (It is under preparation.) In the meantime, film discussion leaders and those interested in the therapy may wish to consult S. R. Slavson's books, *An Introduction to Group Therapy* (Commonwealth Fund, New York, 1943) and *Analytic Group Psychotherapy* (Columbia University Press, New York, 1950). The complete film record of the six therapeutic sessions (see above) has not yet been released.

(3)

ANGRY BOY

(Mental Health Film Board Series—
***Emotions of Every-Day Living*, No. 2)**

THIS is a superior film which in a mere thirty-three minutes offers a convincing picture of an emotionally troubled boy, the family constellation which fosters his neurosis, and the psychiatric procedures of a child-guidance clinic which effect his rehabilitation. Thematic content and visual material are so meaningfully related as to be of value to layman and professional alike. The film is clear enough to stand by itself if absolutely necessary, but guidance by a psychiatrically oriented discussion leader is recommended to

point up many rich points which might otherwise escape non-professional audiences.

AUDIENCE: Psychiatrists and psychoanalysts in training, psychologists, medical students, general practitioners, psychiatric social workers. Students of education, parent-teacher groups, child-guidance agency personnel, welfare and child-care workers.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,125 feet, 31 minutes. *Year of Production*: 1951. *Country of Origin*: U.S.A. *Sponsors*: Michigan Department of Mental Health and National Association for Mental Health. *Producer*: Affiliated Film Producers, New York. *Script*: Irving Jacoby. *Direction*: Alexander Hammid. *Camera*: Peter Glushanok. *Principal Psychiatric Consultant*: Thomas A. C. Rennie, M.D. *Technical Direction*: Esther L. Middlewood.

DISTRIBUTION: International Film Bureau, 57 East Jackson Boulevard, Chicago 4, Ill. *Sale*: $105. Available on loan or rental basis from state or local mental health authorities, mental health societies, public libraries, and educational film libraries.

CONTENT DESCRIPTION

In the corridor of a public school hang the children's drawings. The camera focuses on one by Tommy Randall, darkly hatched with heavy, slashing crayon lines. Next we see Tommy in the schoolroom. As the class files out Tommy lags behind and, alone in the empty room, proceeds to steal money from the teacher's open purse on her desk. The teacher, returning, catches him. Tommy backs away, holding the bill toward her as she advances upon him. The school principal telephones Tommy's mother and, after convincing her that Tommy has been involved in other thefts, recommends that she take him to the local child guidance clinic—that professional help is needed, not punishment.

At the clinic, the mother explains to the psychiatric social worker, Miss Black, that Tommy is the center of her existence; that she has sacrificed everything to bring him up right, to do "a good job." Her own mother devoted more attention to the house than to her children, and even before Tommy was born Mrs. Randall determined never to be like her.

The psychiatrist, Dr. Marshall, is now shown talking with Tommy, explaining in simple terms to the boy that they will play and talk together and that Tommy may even begin to enjoy attending the clinic. Tommy next is given a projective test by the third member of the psychiatric team, a psychologist. His response to one picture suggests that he feels rejected by the mother and believes her to be deeply ashamed of him.

A treatment conference between the psychiatrist and the psychiatric social worker, who continues to work with the mother, is illustrated by scenes of the family at home. These establish the manner in which the

Randalls interact with one another. We see the father's dog-in-the-manger attitude, the mother's overburdened sense of duty and obligation, the maternal grandmother's authoritarianism, and Tommy's forlorn confusion as he is buffeted about—sometimes pawn, sometimes scapegoat—on the emotional currents generated between the adults in his life. These scenes are interspersed with simple interpretations by the voices of Dr. Marshall and Miss Black.

Tommy's treatment by the psychiatrist is next portrayed, its progress marked by shots of the boy's clearer, less cluttered drawings. In one scene Tommy is able to admit to the psychiatrist that he purposely tripped a girl in his class; in another, he recognizes that he also wants to hurt the people he loves when, in the playroom, he aims a popgun wide off the mark and hits Dr. Marshall in the face.

The final scene presents Tommy and his mother at home. Tommy expresses reluctance to go to camp and the mother struggles with her initial impulse to behave punitively toward him. Yet both are able to surmount their hostility; Tommy is able to tell his mother that his unwillingness stems from the fact that he will miss her and his sessions with Dr. Marshall; she is able to accept the boy's affection for the psychiatrist who understands him. While Tommy is not yet cured, the film concludes, he and his family are well on the way toward a fuller, more understanding relationship.

APPRAISAL

CONTENT: *Angry Boy* fills a long-standing need in the field of psychiatric orientation films. Not only does it present the symptomatology of one child's emotional disturbance; it also offers a coherent and realistic picture of the family tensions giving rise to the neurosis, the role of the school as referral source, and the function of the child guidance center as the treatment agent.

The film tells this story with rare sincerity. The home life of the Randall family is objectively treated. Each member is presented as a genuine human being, rather than as a caricature, and the interaction between Tommy, his mother, father, and grandmother is skillfully conceived to permit easy recognition of unconscious motivation as well as conscious behavior.

However unhappy the effect of any one person's actions on others in the family, the offender is never alienated from the sympathy of the audience. For example, Mrs. Randall's anxious reluctance to move to another city to enable her husband to advance professionally is quite understandable in terms of her own background—her own mother's indifference to her need for emotional security in childhood makes her cling to the known and fear the unknown. This reaction formation against the forceful, almost callous personality of the grandmother drives the latter into depre-

cating and scornful attitudes toward the daughter and toward her son-in-law, who unconsciously enjoys his wife's discouraging attitudes and accedes to them. The daughter is caught between her husband and mother, the husband is caught between his wife and mother-in-law, and Tommy bears the brunt of all three personalities. In one home scene the mother orders him from the kitchen when she and his father are talking "privately." At supper the father orders the boy to remember his mother's instructions not to tuck the napkin under his chin. Later, father and son are about to play a game of checkers when the mother intervenes to tutor the boy in arithmetic. Grandmother exclaims, "Oh, let them alone—let them have a little fun together!" Father permits the boy to be dragged off by Mother, and Tommy casts a glance of disappointment at his unprotesting father.

Least developed is the character of the father. The lay audience may feel unqualified sympathy toward him unless a psychiatrically trained discussion leader indicates that his passive behavior, however well motivated it may appear, is equally pathological, and that by following the line of least resistance the father offers Tommy no positive masculine identification to counteract the overwhelming effect of the two women. The film's lack of clarity regarding the dynamics of Mr. Randall's personality carries over into the therapeutic section of the film, for while Tommy is treated by the psychiatrist, and the mother continues interviews with the psychiatric social worker, the father is neither interviewed nor treated. Perhaps unwittingly, this omission reflects a chronic difficulty in the work of child guidance agencies—that of involving the father in the child's treatment plan.

The section of the film dealing with the treatment of Tommy and his mother is especially welcome, insofar as it shows the best agency procedure that has been evolved to date: the use of the clinic team. Here we find psychiatrist, psychiatric social worker, and psychologist working as a unit, pooling their separate findings and developing sound approaches to the patient's problems in the treatment conference.

The scenes between Tommy and Dr. Marshall, though highly condensed, have been so well selected that in two therapeutic situations the audience observes Tommy gaining insight into a number of psychological mechanisms—his projection of blame on others, his wish to hurt them, his displacement of feelings from one person to the next, and the coexistence of unconscious negative attitudes alongside consciously positive ones. The scene in which Tommy hits Dr. Marshall instead of the target, just as he speaks of a teacher who "asks too many questions"—and his subsequent realization that he feels the psychiatrist asks too many questions—is a vivid example of multiple insights gained through the therapeutic transference. Why Tommy's neurosis found its expression in the symptom of stealing is, however, never explained, and this is a serious omission.

PRESENTATION: The film, produced in documentary style, largely using actual settings, suffers from oververbalization. There is a steady flow of compact dialogue and interpretation. Much of what is being related by words could have been developed visually. This would not only have made the content easier to absorb but would also have conveyed a richer sense of the personalities and situations dealt with.

Important as it is, the sound track is not so acoustically clear as might be expected. This lends a certain confusion to the sequences of the family at home which are played against the background voices of the psychiatrist and psychiatric social worker. At some points it is difficult to distinguish between their voices and those of the family. It is also confusing that portions of the home sequence which are later recapitulated are neither actual flashbacks nor distinct variations of the original scenes. All these flaws are subordinate, however, to the logical and dramatic continuity, skillful camera work, and sensitive performance by almost every member of the cast, the exceptions being those of the school principal and the social worker.

EFFECTIVENESS: The impact of *Angry Boy* results from its happy combination of sincerity, emotional depth, and realism. Its message gains in stature by the fact that the final scene between mother and boy avoids the saccharine solution; both are still struggling against old neurotic patterns of interaction, and the commentary modestly emphasizes that although they are well on the way toward healthy emotional adjustment, further treatment is necessary and will be continued. Thus, the film not only presents an accurate picture of family neurosis and its exacerbation in the child, Tommy; it indicates the necessary procedures for rehabilitation and soberly recognizes cure of emotional disorders as a slow and laborious process.

UTILIZATION

The richness of the film qualifies it for presentation to audiences of varied levels of understanding. Perhaps its main function will be as telling propagandist for the expansion of mental hygiene facilities in understaffed communities. But the wealth of its content, especially in depicting the modes of interaction between the various members of the Randall family, justifies its use as a teaching aid for professional groups ranging from teachers-in training to psychoanalysts-in-training. The guidance procedure demonstrated in the film should be of value as orientational material for new workers and prospective workers in this field—from case-work aides to the psychiatric social worker, especially in agencies that utilize the clinic team approach. The film should also be used as liaison agent between the psychiatric social agency and the community. Lay groups accept its therapeutic concepts readily and do not develop anxiety through identification with the

parents in the film when a psychiatrically oriented leader is present to lead a discussion following the showing of the film.

(4)

ANNA N.

Life History from Birth to Fifteen Years: The Development of Emotional Problems in a Child Brought up in a Neurotic Environment

(From *Series of Studies on Integrated Development: The Interaction Between Child and Environment*)

THIS is a case study of a child's development from birth to puberty. The first nine years are covered by a silent film record of selected visits to the New York Infirmary Pediatric Clinic, the next six by supplementary printed material included in an extensive guide which accompanies the film. The rarity of motion-picture data illustrating the growth of children from a dynamic standpoint makes this a document of considerable interest despite its uneven camera work and the omission of many details which would have lent a more complete view of the case; both of these, however, were due to the limitations imposed by the clinic situation. Though the short guide (designed to be read between reels) is poorly written and dwarfs the visual material, it is indispensable, for it provides the story continuity which the selected visual scenes lack.

AUDIENCE: Psychiatrists, psychologists, clinical psychologists, psychiatric social workers, students of medicine and graduate psychology. Also of interest to pediatrists, obstetricians, and physicians and nurses in public health. Not suitable for lay audiences.

PRODUCTION DATA: 16 mm., black-and-white, silent, 969 feet, 40 minutes. *Years of Production*: 1935-1944. *Year of Release*: 1952. *Country of Origin*: U.S.A. *Author and Producer*: Margaret E. Fries, M.D., New York Infirmary, assisted by Paul J. Woolf, M.S.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $110. *Rental*: $7 per day.

ACCOMPANYING MATERIAL: 1) Short Instructor's Guide, 2) Case History, 3) Questions for Discussion.

CONTENT DESCRIPTION

Introductory titles state that this is the sixth of a series of captioned silent films intended to show the interaction between the child and the environment. The film consists of an edited arrangement of shots taken during Anna's visits to a well baby clinic from her first to her ninth year.

Use of short guide and study questionnaire accompanying the film is recommended because the visual material consists of excerpts, rather than a running account of the child's life.

Captions inform us that the child was quiet at first, becoming more active after her fourth week, but continuing to show a pattern of anxious withdrawal from problem situations. We see Anna's early characteristic postural set; titles state that her rather clawlike hands relaxed after several days but that the combination of flexed arms and extended legs remained constant for several months, even while she was nursing. The mother-child relationship was close at this stage.

A visual demonstration of a key experiment evolved by Dr. Fries to determine a child's activity pattern follows; the child's startle response to a constant weight dropped from a constant height is observed. "The infant's reaction is closely correlated with the observed daily activity pattern of the child." Anna's early response—minimal movements with very little crying—indicates a "quiet congenital activity type." This is contrasted with the movements of a child of "active congenital activity type." "Though Anna's response varied, it was never so strong as the active child's."

Titles state that the child's congenital mode of adjustment may also be seen when a bottle or breast nipple is presented, removed, and restored at one-minute intervals. When a rubber nipple is removed from Anna's mouth, she drowses. When it is restored, she first resists, then resumes sucking. She behaves similarly at the breast. This behavior is contrasted with another baby of "moderately active congenital type" who neither falls asleep nor is slow to suck on the restored nipple.

Following a shot of Anna securely held in her mother's arms as she nurses, a detailed diagnosis and prognosis are given.

Having commented on Anna's limited motility, the film notes the family attitude: the mother, who wanted a boy for the husband's sake, was consciously warm and accepting, unconsciously somewhat cruel and rejecting. The father was consciously accepting but less demonstrative, the sister ambivalent. The prognosis suggests that while the mother-child relationship favors a healthy identification with the female role, the women with whom Anna has to identify—the matriarchal grandmother and mother—are neurotic. These factors, combined with the family's poverty, suggest the possibility of a development similar to her mother's.

Some of Anna's early behavior from her fourth week to ninth year is shown, with increasingly longer gaps in the visual record as she grows older. It is demonstrated that with the gradual maturation of Anna's neuromuscular system and her mother's encouragement while she nurses, the baby begins to display a moderately active motility pattern. Held upright at six weeks, she extends her legs and puts her feet flat on the table. Now

she responds quickly to presentation of the nipple, stays alert on removal, and sucks immediately on restoration. The mother's accepting behavior is contrasted with the tense position of another mother in the series who uses a nipple shield.

At two months, three weeks, Anna's startle pattern, instead of diminishing, increases. This is correlated in captions with poorer tonus, many colds, and the beginning of a resistance to breast feeding, family tensions, and overstimulation by visitors. At three and a half months Anna flexes and rotates her arms inward, a pattern which later is seen recurring.

We learn that breast feeding at this time became less satisfying and Anna began to wean herself. Now, insofar as her activity pattern is concerned, Anna, instead of falling asleep or crying when the bottle has been removed from her mouth, tries to pull it toward her. At four months, three weeks, attention is called to her characteristic expression of caution and bewilderment. Anna's change from an infantile to an adult startle response is demonstrated at six months.

Introductory titles prefacing the section from one to four years state that the family moved to the grandparent's home when she was fourteen and a half months old, that her parents were reduced to the status of older siblings of their children, and that the grandparents pampered Anna and her sister.

At sixteen months Anna is seen walking. Her sister, nearby, "finds approval in mothering her." At twenty months her mother is shown advancing to help Anna climb over a curb. This is contrasted with another mother who rarely steps in to help her child. Thus, we are told, mothers may reinforce their children's congenital activity types. Captions state that whereas Anna, in a problem situation, appeals to others for help, another child may try to solve the problem herself. Such a contrast is shown. In this case the problem is for Anna to climb over the curb to get a flower held out to her.

When the flower is taken away, Anna is so frustrated that she makes no attempt to get it back. When a watch is taken away from her and dangled out of reach, she whimpers and appeals to the onlookers for help against her mother—"as she does at home to the grandparents." Unable to get it she flexes her arms and sucks her fingers.

Again, at two and a half years, captions call attention to Anna's look of caution and bewilderment. She is observably distracted by the camera and we learn that the producers were unable to complete the filming of her taking a Binet test, whose results showed a superior I.Q. Skipping now to her fourth year, Anna is seen having a tantrum and later withdrawing into depression, as her mother does. At another interview during the same year Anna will not let the clinic worker touch her or draw her into

play. Concluding this section we learn that the mother said Anna's behavior had made it necessary for her, the mother, to go to a rest home. "When her mother returned, Anna, guilty, tried to be helpful, but her mother was resentful."

Introductory captions outline the changes from Anna's fifth to eighth year, when the family moved away from the grandparents. Reference is made to the results of Rorschach and controlled-play tests, as given in the long guide.

At five Anna plays hide-and-seek with her sister. She holds her arms across her chest as she runs, plucks at her dress self-consciously. In the clinic yard she is aware of the camera but at ease with the physician. During the physical examination which follows, she looks apprehensively at everything that happens. At six years, three months, we see her play which is described as more imitative than creative. She continues to show anxious modesty when she is examined.

At eight years, seven months, Anna is more at ease in the clinic and talks freely, though rapidly, with the doctor. Her co-ordination (she jumps rope) is described as excellent, and her expression as lively, though she continues to look solemn and unhappy when she is listening. She tells of a pain in her leg like one her sister had several years before, which appeared when she was on her way home from school. She demonstrates how once the leg collapsed. A caption suggests that this is an hysterical symptom. Superficially Anna appears well adjusted, we are told, but the Rorschach test indicates that she is more inhibited and less ambitious than she was three years ago.

APPRAISAL

CONTENT: This film record of the physical and emotional growth of Anna attempts, on the one hand, to show the influence of learned patterns of adjustment on a presumed inborn motility pattern, and, on the other, to trace the development of this motility without reference to the inborn pattern. The accumulation of longitudinal observations on congenital and acquired traits makes the film a provocative study of the development of neurotic behavior as reflected in motility. For example, a tendency toward a characteristic flexion pattern beginning in the infant with her flexed arms and extended legs, and continuing in the little girl who keeps her arms folded as she runs and when she is under emotional stress, could hardly have been obtained without the tedious sequential filming which provided the raw footage for the study.

Any criticisms that may be leveled at the film must be qualified by the consideration that there exists no comparable psychiatric document on the development of motility in relation to inborn and social patterns; thus, this is a pioneering study done by an analyst who has long specialized in work

with children and who has therefore a genuine capacity for identifying relevant material. The following criticisms are suggestions which could not have been made at all if the producers of this film had not devoted so much time to its creation.

Most apparently, the material encompassing neurological findings during Anna's infancy far outweighs behavioral observations in later childhood. There is no visual record of Anna's relationship with other children or with her father, and there are only a few shots of the child and her mother in the clinic setting. Another film in the series (see p. 197) is far better balanced in this respect. There are no visual data on Anna's toilet training, nor is this aspect of her development referred to in the study guide which is meant to be read in conjunction with the film. No mention is made of the fact that all the observations take place in the clinic or in the clinic yard, which may itself have been a traumatic setting for the child. That Anna underwent a tonsillectomy at about the same time that she appeared so withdrawn and frightened during her physical examination is not brought out.

Although one feels that the author may have had some specific ideas in regard to diagnosis and prognosis, the somewhat nebulous use of such terms as "neurotic" and "hysterical" correlates with the inconclusive impression of what the producers are trying to demonstrate. Conversely, it might be argued that it is difficult to fit most clinical material into a specific nosological category. But one expects clinical material to have more specific point, and the author cautiously avoids a definite diagnosis, though many who have studied Anna's early history suspect an incipient schizophrenia.

For all of this, the visual case histories of this author are documents that have no exact parallel in psychological films. Psychoanalysis has long argued, on the basis of material interpolated from analytic work with adults, that motility patterns are set up very early in an individual's history and that these patterns relate to a correspondingly early establishment of neurotic patterns. Here, a correlated growth study of dynamic relationships has been attempted under most difficult conditions. Anna's bilateral arm flexion and inward rotation, persisting throughout infancy and recurring under stressful conditions in later childhood, are an experimental demonstration of the persistence of infantile patterns of withdrawal and their regressive appearance under given circumstances. The behavioral contrasts with other children, though few, focus attention on observable clues which, while they may give no insight into dynamics *per se,* are invaluable aids to the practicing clinician.

PRESENTATION: The technical evaluation of this film is similar to that of *A Psychoneurosis with Compulsive Trends in the Making* (see p. 197) In short, it is a series of unrelated experiences in a child's life, held together

by interpretive titles and a study guide. The visual material is cinematically naïve and was filmed under the adverse conditions of the clinic. As a result of these combined limitations, lighting is uneven; some shots are overexposed, some underexposed. The overburdening of the film with neurological observations and the addition of psychodynamic remarks in titles create a somewhat disparate effect, though it is hard to see how the author could support her anamnestic data more fully, visually, when she had little choice in terms of situation or setting.

Arising from this is the inevitable necessity for showing the film always with reference to the short guide and, if possible, the long guide. Without these aids the film may seem misleading in several ways. For example, a number of general anamnestic points slipped in without reference to the specific shot, but with reference to the period in which the scene was taken, will confuse an audience which does not have access to the guides. Two ways in which the film might have overcome this presentational limitation would have been through substitution of a running commentary for the present titles and through the introduction of more comparisons of Anna with other children, and of her mother with other mothers. Where this has been done it is most effective. In this way, much of what the author has had to say in the guides would have been presented visually.

EFFECTIVENESS: This film is most effective in conveying a sense of the continuity of development—the persistence of certain motility patterns from earliest infancy—and in suggesting various modifications and new forms introduced by growth and environment. Audiences accustomed to the *post-facto,* reconstructed case-history approach may fail to appreciate this study by an author who has had the courage not to structure her film in terms of hindsight, but who has allowed the material to flow sequentially, just as it was obtained. The psychiatrist and clinician will respect the author's avoidance of rigid pre-judgment and recognize the validity of periodic diagnoses and prognoses based only on concrete data available at any given period of Anna's life, even though they may wish for a more clearly defined nosology.

The full impact of this study may well be lost unless adequate discussion is provided by a person well able to detect the nuances of Anna's behavior in the visual data, for the scenes have been selected with an intuitive flair which the average audience or student can hardly expect to match in understanding. For example, it will require someone well acquainted with children's movements to determine whether Anna's mode of running with crossed arms is physically atypical or whether it indicates some personality difficulty. It is important that an audience understand this, since it appears to be a central point of the film that Anna's motility pattern is in considerable part determined by her family relationships.

UTILIZATION

Professional audiences of psychiatrists, psychiatric social workers, and psychologists will derive extensive understanding of psychodynamics when the film is used with the guides and question material, and when the discussion leader prepares for screenings by familiarizing himself with these auxiliary data.

Although poorly and sometimes obliquely written, the short guide offers a survey of the family background sufficient to illuminate much of Anna's behavior in the film. There is detailed information of the relationship of Anna's parents to her and to their own parents. This information is brought into the discussion questions, which are provided with answers. Such a general question as "Why is it important to differentiate between the Congenital Activity Type and Activity Pattern?" is linked with specific material relevant to Anna's case—e.g., "What factors played a role in Anna's quiet behavior after birth?"

The long guide is an amplified brochure containing the following data: (1) general aim and methodology, (2) case history, (3) play tests and the author's interpretations, (4) play fantasies with interpretations, (5) several Rorschach record analyses of the child and mother by Dr. Z. A. Piotrowski, (6) chronological table, and (7) bibliography.

Psychoanalysts and psychiatrists find that this case provides rich material for one or two extended study sessions. Obstetricians and pediatricians should find the congenital activity type concept particularly interesting, while professionals interested in neuromuscular maturation may find the section on infancy of value.

The film is not recommended for parents, since the implied ambivalence of Anna's mother may only serve to make them uncomfortable about themselves.

(5)

BREAKDOWN

USING the dramatization of a case history, this film successfully depicts the onset of a schizophrenic breakdown and the methods employed in a well-equipped mental hospital to treat the patient. Subordinate themes urge that mental illness be recognized in time and that it be accepted as tolerantly as is physical illness. Careful avoidance of superficial psychodynamic explanations, factual treatment of the hospital procedures, and superior camera work recommend this film, particularly for uninformed lay groups.

AUDIENCE: Lay groups, medical students, psychiatrists with specialized experience, general practitioners, psychologists, psychiatric social workers, student nurses.

PRODUCTION DATA: 16 mm. and 35 mm., black-and-white, sound, 1,490 ft. (16 mm.), 41 minutes. *Year of Production*: 1950-51. *Country of Origin*: Canada. *Producer*: National Film Board of Canada, in co-operation with Mental Health Division, Department of National Health and Welfare. *Technical Advisers*: George E. Reed, M.D., and Heinz Lehmann, M.D. (Verdun Protestant Hospital), A. M. Gee, M.D., and F. E. McNair, M.D. (Crease Clinic, Essondale, B. C.), Charles G. Stogdill, M.D. (Department of National Health and Welfare). *Script, Direction, and Production*: Robert Anderson. *Camera*: O. H. Borradaile. *Music*: Maurice Blackburn.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 18, N. Y. *Sale*: $150. National Film Board of Canada, 1270 Avenue of the Americas, New York 20, N. Y., and 400 West Madison Street, Chicago 6, Ill. *Rental*: $6.00 per day. Also available from many film libraries on loan or rental basis.

CONTENT DESCRIPTION

As young Jim Horton boards a bus one morning he notices many unhappy faces among the other passengers. Jim's destination turns out to be the local mental health clinic. As he enters, the commentator remarks that "people take their troubles here, and sometimes it helps." In one of the consultation rooms two physicians are waiting with his sister, Anne. Anne is in a state of visible mental disturbance as one physician—the Horton family doctor—tells her gently, "Your brother's come to be with you, Anne."

The doctor's voice now recalls the life of his next-door neighbors, the Hortons, only a year ago, when Anne was "normal." Anne is seen going off in a car with her young friends while her parents watch. "Most parents don't like to see their daughter grow up." He describes the onset of her illness: A good worker at the office, "something began to interfere with her work." Anne stands staring out of the window until her concerned employer sends her home.

She stops eating with the family, to the great annoyance of her father and mother. She becomes increasingly suspicious of food that anyone else may have touched. She refuses telephone calls, passes neighbors on the street without speaking, ignores her mother, and secludes herself in her room.

"Anne's boss put the idea in our minds that the girl was ill." Jim and the doctor try talking to her, to no avail. "During weeks and months we tried everything," says the doctor. "We couldn't understand. We certainly were all mixed up!"

One evening Anne's friends call to take her to a dance. Anne hides in the clothes closet and does not emerge until they have left. Her mother is angry and frightened. The girl runs out of the house, into the garden. She sits by the pond, takes off her shoes and stockings, and paddles her feet in the water. Auditory hallucinations begin. In the silence of the night,

broken only by the ghostly voices, Anne smears herself with mud. Meanwhile, her father arrives home and the mother tells him of the episode which culminated in Anne's running off. He determines to wait up for her. Some time later Anne comes home—dazed, muddy, cuddling a bundle of old rags as though they were a baby. Mr. Horton is so shocked he makes no move to stop her as she climbs the stairs to her room. Once inside, she locks the door, stuffs the cracks and keyhole. She turns on the phonograph full blast to drown out the tormenting voices, then, crossing the room, smashes her fist through the windowpane.

Anne is sent to a mental hospital. Contradictory ideas assail her as she notices the locked doors and safety windows. "It's locked—you'll never get out—you were afraid it would come to this." A nurse consoles her, and as the latter moves through the ward Anne sees another patient rip off her apron. "Don't listen. She's not a patient—this is not a hospital," denies another part of Anne's mind.

Back home, the family doctor thinks about Anne's family as he makes his rounds. Mrs. Horton tells friends Anne is in California. Mr. Horton doesn't talk about it, tries not to think about it. But when the physician stops his car at the gasoline station where Anne's brother works, Jim asks him why mental illness is kept a secret? Why do people keep their eyes closed? People should accept it like any other illness. The doctor agrees.

In the hospital, Anne takes numerous diagnostic tests. The commentator explains that every facility is needed for diagnosis; since patients with mental illness cannot co-operate, long study is needed. A staff conference decides that Anne has had a schizophrenic breakdown. Participation of the clinic team—psychiatrist, psychologist, and social worker—is indicated. Anne is shown taking part in the extensive therapeutic and recreational program offered by the hospital. Treatment by electroshock and insulin is stressed. In occupational therapy, Anne is suddenly overcome by an impulse to destroy her weaving as she stands at the loom. She is quietly directed into another room, the commentator explaining that the hospital personnel is trained not to make much of irresponsible acts. In the lunchroom, a fellow patient compares this hospital with the older—but still prevalent—type of institution which lacks adequate treatment facilities.

As several months pass, the social worker, in visits to the Horton household, explains to the mother why Anne cannot be taken care of at home. "Since she's been coming I think we all understand more," reflects the family doctor. He learns still more about mental illness in a tour through the hospital where Anne is a patient. He sees the wards, the occupational therapy groups, and the aged, who comprise about one third of all the patients in mental hospitals. He finds Anne in the library. "She looked so well I wanted to take her home with me."

But Anne is not quite ready for discharge. She is undergoing group therapy, preparing to face the outside world. Her mother has sent her California baggage labels; she distributes them playfully among her companions. In the session the doctor assumes the role of a prospective employer, Anne the role of a job applicant. He pretends shocked rejection when Anne tells him that she has been in a mental hospital. The rest of the group crowd about him, protesting. "She deserves a job! Give her a chance!" they demand.

The film ends on Anne's return home, where family and neighbors welcome her.

APPRAISAL

CONTENT: *Breakdown* is unusual among mental health films because it delivers a worthwhile message via the case-study approach without exploring the psychodynamics underlying the patient's illness.

The audience is only familiarized with Anne's behavior one year prior to hospitalization. That her father is authoritarian, her mother compulsive, may be inferred from a few well-acted scenes, but the film carefully avoids interpreting the familial interaction in terms of causality. The patient's symptomatology is clearly depicted against a home background that seems no more puritanical than that of millions of other families throughout the nation. The family doctor remarks that only a year ago Anne was "normal," and while the professional in the field of mental health may justly raise an eyebrow, his statement exemplifies the popular concept of people as either sane and normal, or insane and abnormal. However erroneous, this concept will be meaningful to lay audiences.

The gradual onset of Anne's breakdown and the family's inability (or unwillingness) to recognize her bizarre behavior as symptomatic of mental illness until it reaches the point of full-blown psychosis likewise correspond to reality, for ready admission that "something is wrong" demands a certain amount of sophistication.

Starting at the popular level of understanding, the film proceeds to demonstrate how active psychosis may develop and how it may be treated in a well-equipped mental institution. Anne's importance as a focus of interest diminishes temporarily in favor of a detailed exposition of diagnostic and therapeutic procedures. Stress is placed on physical treatment—electroshock and insulin—rather than on psychotherapy. The family doctor's tour of the hospital leads the audience through the catatonic ward and (somewhat arbitrarily pointed up by the commentary) through a ward for the aged.

Other significant points are interwoven with the main theme of Anne's cure. The doctor's visit to the hospital to "learn more about mental illness"

and the contrast between Jim Horton's open attitude toward his sister's illness and his parents' shamed secrecy have strong educational value.

The constructive role of the psychiatric social worker as liaison agent between home and institution is touched on, even though she is unflatteringly depicted.

Nevertheless, the film falls prey to certain weaknesses. Insufficient emphasis is placed on psychotherapeutic procedures. The most dramatic hospital sequence—that of the group therapy session—is not adequately developed. One cannot help but wonder how the therapist dealt with the group's anxiety over their future employment handicap. Despite a qualifying note in the commentary, the visual handling of Anne's homecoming conveys the impression that she is completely cured—that discharge from the hospital ends treatment. The film does not indicate that further psychotherapy by the out-patient service or a private practitioner is generally advisable.

PRESENTATION: Because the camera work in this presentation is superior, the film is visually pleasing. In the opening scenes the story line lacks clarity; the brother appears to be the central character for some time and, similarly, the narrator's identity as family doctor—while an excellent device—is established quite late. Narration often accompanies scenes which would be dramatically heightened by the use of dialogue. The music is better than average.

The parents are well and consistently portrayed; their personalities emerge clearly in a few scenes which are directed with skill and economy. For example, when Anne runs out of the house she places a chair in the path of her pursuing mother. In the midst of trying to catch up with Anne, Mrs. Horton does not forget to pause a moment to place the chair back where it belongs.

Anne lacks charm even prior to her schizophrenic breakdown, and while this portrayal bears the stamp of psychological validity, it reduces the range of dramatic contrast before and after cure. Her regression is most convincing, however, especially her assumption of typical schizophrenic posture in the opening clinic scene. Restrained use of the ghostly voices in Anne's auditory hallucinations at the garden pond is a welcome contrast to the shrill sound effects so commonly invoked to horrify the audience.

EFFECTIVENESS: The comprehensive coverage of therapeutic procedures in this film warrants its use as an introductory film for medical students, student nurses, general practitioners, psychiatrists, psychologists, and psychiatric social workers with specialized experience, to counteract biased attitudes favoring the purely physical or purely psychoanalytic approach.

It should be of orientational value for lay audiences to acquaint them

with characteristic symptoms of a schizophrenic breakdown (e.g., seclusiveness, suspicion, bizarre acts, hallucinations, delusions), to inform them of the hospital methods used in the treatment of mental illness, and to educate them to more constructive attitudes toward mental disorders.

UTILIZATION

The film is suitable for lay groups, medical students, psychiatrists with specialized experience, general practitioners, psychologists, psychiatric social workers, student nurses. A trained discussion leader should be present to answer questions on psychodynamics which are not dealt with by the film.

(6)

CHILDREN'S EMOTIONS

(Child Development Series, correlated with *Child Development* by Elizabeth B. Hurlock)

THIS film demonstrates undesirable parental attitudes toward the emotions of curiosity, fear, anger, and jealousy in children and suggests alternative procedures to promote the child's happiness and inner security. While the illustrative scenes are dramatically and pictorially convincing, the film stresses situational resolutions rather than dynamic understanding. In the hands of a psychoanalytically oriented leader it should nevertheless prove a stimulating introduction, for the unsophisticated audience, to more intensive discussions on children's emotions.

AUDIENCE: Parent groups, teachers, students in the field of family relations, undergraduate college students, medical students.

- *PRODUCTION DATA*: 16 mm. (taken on 35 mm.), black-and-white, sound, 800 feet, 22 minutes. *Year of Production*: 1950. *Country of Origin*: U.S.A. (produced in Canada). *Producer*: Crawley Films, Ltd., Ottawa, for McGraw-Hill Text-Films.

  DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 18, N. Y. *Sale*: $100. Also available from many film libraries on loan or rental basis.

  ACCOMPANYING MATERIALS: Silent filmstrip. (*Sale*:$4.00). A 45-frame filmstrip reproducing pertinent scenes from the motion picture and containing specific questions relevant to the motion picture and general questions on child rearing.

CONTENT DESCRIPTION

The film opens on a mother and baby. As she leaves the room, he bursts into tears. When she returns to console him, he stops crying. Meanwhile, the commentator explains that the toddler's reactions are intense because he has had little experience, and that he gets over the crying

quickly because he expresses his feelings instead of bottling them up. As he grows, his emotions change; at first they are largely due to internal feelings, such as hunger. Later the child is more sensitive to his surroundings and reacts to external causes as well. Children's responses to one situation at different ages are compared: when his shoes are taken off the baby objects, the toddler is relieved, the six-year-old wants to do it himself.

Curiosity is a powerful emotion, the film continues. "What is it?" wonders the toddler as he looks at a jar. Cigarettes—"Why does Daddy like them?" The potted plant—"Why does it grow?" The hat ornament—"Why *won't* it grow?" The only way to deal with curiosity is to satisfy it, explains the commentator, and the toddler is shown contentedly smearing himself with cold cream from the otherwise mysterious jar. "Curiosity nourishes the very roots of knowledge . . . 'don't touch' deprives the child of his most valuable source of information."

Fear is described as a more sinister emotion. Fear-provoking situations are depicted: For the little baby, an effusive visitor, a rushing faucet, a screaming siren, blaring band music, hissing steam from a locomotive, a man roaring with laughter. "Why doesn't he just show you pictures?" suggests the commentator. Situations that may frighten the toddler are illustrated—the milkman's horse and the puppy that might bite. The six-year-old, for whom "it's kind of fun to be a little scared," still doesn't like darkness, doesn't like to go into the cellar ever since Auntie told him there were rats down there, doesn't like shadows at night. The ten-year-old lying in bed still wishes the closet door was closed, imagines his parents' death, fears the thunder. The commentator summarizes: "These are typical fears of children. As the child grows older, most of them will disappear. If they continue, they can ruin mental and physical health."

A session on the prevention of fear follows. It recapitulates the foregoing scenes and suggests alternative procedures for parents. For example, the mother enters before the visitor to give the baby reassurance. The tot who might otherwise fear the rushing faucet is allowed to turn the water on and off, thus learning to control his surroundings. Noisy things are introduced at a distance; the band approaches from afar. Most important, concludes the narrator, Mother herself is reassuring, unafraid, cheerful, and sympathetic.

Anger-arousing situations are next examined from the standpoint of the young child—having diapers changed, sitting on the toilet "when you don't even want to go to the bathroom," always having things taken away from you, being given toys that won't stand up, being bothered "when you want to be left alone and being left alone when you'd rather stay with them," having your face washed, and tight clothes pulled over your ears. And the grownups—Father gets mad when you want to play with his

newspaper, and they talk and talk and don't say anything. Greater sympathy and leniency are urged to prevent the accumulation of anger in children.

Jealousy is described as a withering emotion. The young child is shown in a number of situations conducive to producing jealousy, in relation to the new baby, to his parents, to his older brother, to playmates. "Prepare him for the new arrival," recommends the commentary—the child is shown helping his mother powder the baby. "Give him his share of attention. Equal rights are important"—the mother sets aside her activities with the baby for a moment to repair the six-year-old's toy.

"The most frequent emotion should be happiness," advises the narrator. Means of promoting happiness are demonstrated; situations in which the child's physical well-being is furthered and his personal achievements are recognized. "But he is not undisciplined—there are rules." Flashbacks review the positive situations between child and parent. As the mother dances about the nursery with her little boy, the film concludes: "By being truly happy with our children we give them the best chance for enduring happiness."

APPRAISAL

CONTENT: This film deals with curiosity, fear, anger, jealousy, and happiness in children at various age levels. A mild pedagogic approach tacitly assumes that the adult will adopt permissive and sympathetic child-rearing methods through learning to identify with the emotional needs of the young. Its careful avoidance of censorial attitudes toward parents strikes a welcome and refreshing note in the field of psychological film production.

The value of the film is chiefly orientational, however, for each of the emotions explored requires deeper discussion than can possibly be achieved in this short presentation. Condensation of the subject matter has also led to a number of oversimplifications which limit the psychological validity of the production. Situations provoking fear, anger, and jealousy are depicted and alternatives suggested either to prevent, alleviate, or resolve their negative effects; but these corrective procedures are presented as single solutions and fail to take into account the numerous determinants that cause children to respond differently to similar stimuli. For example, the mother is shown placidly watching a thunderstorm with her baby, as opposed to communicating her own fear and disquiet to him. The commentary fails to qualify that while many children respond positively to such handling, others —for various reasons—may remain fearful or become even more so. The avoidance of dynamic considerations is likewise reflected in the stress laid on external causes of fear, such as noise. While parents are advised to promote the child's sense of inner security by reducing the intensity of these stimuli and by helping him to achieve early control of his environment, the film does not teach that emotional insecurity in the parent-child relation-

ship may precipitate or intensify the child's fear reactions to outside situations and objects. There is also a subtle implication throughout that the mere expression of various emotions clears up difficulties.

Nevertheless, *Children's Emotions* make several telling points which are sadly lacking in any number of more dynamic films on child psychology. For instance, it convincingly demonstrates the toddler's reactions of frustration and rage to rigid toilet training—and it does this so simply and naturally as to move the most compulsive mother to re-examine her attitudes toward her own child in this area.

PRESENTATION: Much of the effectiveness of the film lies in the camera work which conveys the "child's eye view" through the skillful use of angle shots. In many scenes the audience becomes the child, peering through the bars of its play pen at a world peopled by giant grownups. Mother approaches it with her mouth full of safety pins, with a washcloth to wipe its face, with a sweater to pull over its ears, with a potty for it to sit on. The narrative sustains this illusion through the use of the second person, calling the audience (as child) "you," or expressing the child's thoughts directly in the first person. Commentary and visual material are superbly geared and the acting is generally convincing, although the visual effect of the film is on the slick side.

Notably lacking from the presentation standpoint is an adequate introduction or diagrammatic representation to orient the audience to the material handled in the film. While the emotions are discussed sequentially, one section follows upon another arbitrarily, and the confusion of story line—for those who seek continuity—is heightened by the fact that while one family is present throughout, new children appear from time to time to support the burden of the narrative.

EFFECTIVENESS: The film has proven useful as a general introduction to the study of emotional reactions in children by lay audiences. Parent groups tend to abstract from it specific topical material in which they are immediately interested, such as anger or sibling rivalry. Because of its moderate situational approach the film provokes little or no anxiety in parents.

UTILIZATION

The film is suitable for showing to parent groups, teachers, students in the field of family relations, undergraduate college students, and medical students. A competent psychoanalytically oriented discussion leader should be present to supply the dynamic considerations absent from the film.

(7)

CITY OF THE SICK

THIS is an "illustrated lecture" type of film on the role of the psychiatric aide, or ward attendant, in the state hospital, together with a cursory survey of various techniques used in the treatment of institutionalized patients. Much of the information is conveyed through narration, rather than being visually depicted, giving the film a rather static quality. While the various elements of hospital life may be of interest to a general audience, the film is not clearly integrated about a central idea, and additional information should be supplied by a psychiatrically trained discussion leader.

AUDIENCE: Psychiatric aides and subprofessional workers employed in mental hospitals, relatives of institutionalized senile patients.

PRODUCTION DATA: 16 mm., black-and-white, sound, 706 feet, 20 minutes. *Year of Production*: 1950. *Country of Origin*: U.S.A. *Sponsor*: Ohio Department of Public Welfare, Division of Mental Hygiene. *Producer*: Marjorie E. Watson. *Technical Adviser*: J. Fremont Bateman, M.D., Superintendent, Columbus State Hospital. *Direction*: Robert W. Wagner.

DISTRIBUTION: National Association for Mental Health, 1790 Broadway, New York 19, N. Y. *Sale*: $35. *Rental*: $4.00 per day.

CONTENT DESCRIPTION

As the camera slowly pans over a teeming American city, the narrator observes that one citizen in twenty will, at some time of his life, go to a "city of the sick," his brains and ability lost to society. Next we see a state mental hospital of obsolete gingerbread design, with barred windows and dank, dismal interior. This asylum of the past is being replaced by modern hospitals with improved and expanding treatment facilities, continues the narrator. A modern institution appears. Inmates pitch horseshoes on the lawn and nearby stands the narrator, who soon introduces himself as Bill Harper, psychiatric aide. He is seen eating with other staff workers as he remarks that attendants can do a lot for the patients in their care—they can make the hospital a prison, or they can help people get well, for "the attendant is closest to the patient at all times."

Bill calls attention to an older psychiatric aide, Johnny Mitchell. He learned a lot from this colleague; a scene shows him tugging at an older patient to force him to join a group going for a walk. Johnny Mitchell intervenes and succeeds with gentle persuasion. "Johnny Mitchell taught me that patients are people—sick people. The experienced attendant doesn't get rough or excited."

Routine ward procedures are next illustrated: the importance of keys,

of keeping doors and cabinets locked for the patient's protection, the method of checking on and off duty. "Before Ralph Johnson goes off duty he gives me a report on the condition of patients on the ward. Drugs are counted and checked, all sharp instruments are kept in order and kept under lock and key." The two aides discuss a patient's chart—"The attendant knows the condition of each patient; if one becomes worse, this should be reported to the physician."

Walking through the ward, Bill opens windows to admit fresh air and sunlight, checks the thermostat (night temperature, 68°; day temperature, 70°). He lights a cigarette for a patient, remarking that simple kindness is important—the patient recognizes and appreciates it. When one patient knocks his tray of food onto the floor and another tears off a clean shirt, Bill curbs his tendency to become impatient. "The attendant must remind himself that this man is sick."

The significance of therapeutic teamwork is stressed. Bill Harper discusses a case with the hospital social worker, whose job is "to find out about the home background of the patient, to pass this information on to the psychiatrist, and then on to us." A thumbnail sketch of one depressed patient's history is briefly illustrated. We see him standing by a window, with Bill nearby. Flashbacks show him as a successful businessman; he loses his business, his wife dies. Memories of childhood hardships are revived. He takes to drink, ends up in the mental hospital. He thinks he will never get started again. "But he is more than a case number—he is not alone, he is not forgotten."

As Bill Harper surveys his ward he describes a number of therapeutic procedures to show how patients are not forgotten. The clinic team is touched on—the psychiatrist, who "analyzes worries, fears, and delusions," the psychologist, who determines the kind and degree of a patient's emotional disturbance through such procedures as the Rorschach ink-blot test.

Hydrotherapy and electric shock are described as valuable, and the comment is made that the "registered nurse is also part of the psychiatric team."

The role of the recreational and occupational therapist is outlined: "with guidance, patients can do excellent work in many occupational fields."

The patients are shown in chapel. Bill, standing by, notes that the religious service gives patients "a link with the past—it is a familiar ritual in the strange new world of the hospital. Contact with their religious faith gives patients a sense of security."

Bill stands musing on the grounds of the hospital. "It took us a long time to understand that there is dignity in every human mind." As a patient leaves the hospital with the social worker and Bill waves good-bye to

him, he notes that more than half the patients in mental institutions today are either improved or recovered, and that the social worker continues to guide them back along the road to normal living.

APPRAISAL

CONTENT: This film has been made in a state hospital that is neither as good as the best nor as bad as the worst of these institutions. Its intent appears divided between showing the role of the psychiatric aide in the therapeutic process and the total therapeutic process itself. In the first instance, it sympathetically demonstrates how the ward attendant should deal with the mental patient; he is urged to be gentle and considerate, to interest himself in the patient, and to remember that he is dealing with sick people.

Opposed to this integrated benignity is the presentation of the therapeutic process, which at no point is viewed as a cohesive program systematically directed toward cure. The clinic team seems to function empirically, each member dealing with one aspect of the patient's difficulties. Lumped crudely together like a box of placebos are references—sometimes illustrated, sometimes purely verbal—to hydrotherapy, electric shock, psychotherapy, recreational and occupational therapy, to the registered nurse (a passing remark that she "is also a part of the psychiatric team"), to the psychiatrist and the social worker, whose role is accorded slightly more recognition.

Although a more complete picture of the actual therapeutic process would have been highly informative, actual conditions in the hospital where this film was made seem to have acted as a limiting factor. The advanced age of most of the inmates suggests that the film is concerned with the care of chronically insane patients rather than with the care of a more varied hospital population. While the ward attendant verbally describes active therapeutic approaches, the visual material consists of elderly men sitting inactively in ward rooms. An individual case history, briefly described, likewise suggests the geriatric aspect. The patient is an older man who has suffered excessively, has been driven to drink, and finally to the state hospital. The case history is as jejune, undynamic, and unconvincing as the stereotyped shots selected to illustrate it.

The title itself, *City of the Sick,* emphasizes isolation and segregation of the mentally ill from the rest of the world, even though the commentary maintains a hopeful tone regarding cure.

To summarize: There is considerable confusion in this film between procedure which is standardized and procedure which is desirable. Mental patients in general are spoken of—older male patients are shown. Psychotherapy and the dynamic approach are advocated—physical treatment,

custodial care, and passivity are demonstrated. The ward attendant is automatically familiarized with the patients' case histories in order to promote an integrated staff approach, and while this is highly desirable, it unfortunately does not typify administrative procedure of most mental institutions.

PRESENTATION: On the whole, the visual elements in this film are strung together loosely on the hospital situation so that the film becomes a series of vignettes illustrating a lecture, rather than a flowing account. While the film is pictorially clear, many of the educative and dramatic possibilities of the hospital situation have been omitted as visual material and are merely mentioned in the narrative. By way of compensation some false and unnecessary dramatic touches have been added to give life to static shots—for example, the attendant fidgets with the hydrotherapy controls after the patient is in the bath, although the controls should by this time have been adjusted. In many situations movements are self-conscious and wooden.

EFFECTIVENESS: Despite its limitations, this rather naïve film might show a great many things to a person who has not visited a state hospital, though these might add up to negative, rather than positive impressions. Certainly the human approach advocated for ward attendants would prove reassuring to relatives of elderly patients in state hospitals, even though the psychiatric aide, Bill Harper—perhaps through self-consciousness—is not so convincing a central character as the older aide, Johnny Mitchell, might have been in the role. The film is also effective in showing, without deliberate intent, the high population ratio of older people in state institutions.

The film conveys, rather accurately, the specific responsibilities of ward attendants, but fails as a clear exposition of over-all therapeutic procedure.

UTILIZATION

This film might provide otherwise unavailable information to general audiences interested in institutional mental care and to families of patients in such institutions. Its main value, however, is hortatory, and as such might be shown as supplemental material to recruit or train sub-professional hospital personnel. Under all circumstances it should be amplified by a psychiatrically trained discussion leader.

(8)

EIGHT INFANTS: TENSION MANIFESTATIONS IN RESPONSE TO PROLONGED STIMULATION

THIS film demonstrates gross behavioral changes in eight infants under prolonged stimulation and attributes these changes to induced tension states. Although the neurodynamic principles underlying the film are sound, its scientific validity is open to question on two counts: (1) Anamnestic factors and the mother-child relationship are omitted as partial determinants of the behavior shown; (2) the test procedures demonstrated are inadequately formulated and controlled. The dearth of specific explanation (in titles) concerning the motoric activity of the infants renders the film inadequate as a teaching tool for professional or lay audiences.

AUDIENCE: Intended for students and professionals affiliated with the field of child development.

PRODUCTION DATA: 16 mm., black-and-white, silent, 1,011 feet, 42 minutes. *Year of Production*: 1950. *Country of Origin*: U.S.A. *Sponsor*: Supported in part by a research grant from the National Institute of Mental Health, U. S. Public Health Service. *Producer*: Menninger Foundation, Department of Research, Topeka, Kansas. *Authors*: Sibyl Escalona, Ph.D., and Mary Leitch, M.D. *Camera*: Ellen Auerbach.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $100. *Rental*: $5.00 per day.

ACCOMPANYING MATERIALS: A 4-page mimeographed guide: "Eight Infants: Tension Manifestations in Response to Perceptual Stimulation." Contains (1) statement of purpose, (2) audience, (3) content description, (4) additional comments, (5) Bibliography. The statement of purpose and additional comments contain a more extended discussion of the authors' views.

CONTENT DESCRIPTION

The introductory titles of this (silent) film observe that for the healthy and alert baby, "perception is one with response and requires effort." Certain changes in the behavior of infants occur under prolonged stimulation, it adds, and these can be described systematically, although individual differences are marked. The procedure employed by the authors to establish this point is outlined briefly: Eight infants ranging between ages eighteen to twenty-five weeks were filmed. "When they were rested and content, three test objects were presented to them. Then we stimulated them by talking, giving them toys, dressing, and undressing them. Also they were allowed intermittent periods of rest. After about forty-five minutes

of such experience they were again presented with the same three test objects to facilitate systematic comparison." Selected portions of this procedure comprise the film.

Walter, a twenty-three-week-old, is first seen on his mother's lap responding to the presentation of cup, spoon, and cube. He next lies undressed in crib, playing and looking at examiner. A dangling ring is presented, a bell is rung, he plays alone and with examiner; then bell is rung again. For another short period he is talked to in crib and has a toy. The original test objects are presented again to him on mother's lap, forty minutes after filming was started. "Effort and strain begin to show," interprets a title. The cube is re-presented and he is seen attempting to avoid it.

The second portion of the film deals with "mounting tension." The reactions of four infants under sustained stimulation are shown. Titles call attention to blinking, tense face and hands, rapid breathing, erection of penis, rubbing of feet, postural "freezing." The response of one infant to the presentation of a spoon is contrasted with its more diffuse motoric response one hour later. The generalization is made: "Conceptualizing the behavior changes just seen we find it useful to assume that stimulation results in a disruption of equilibrium. This disruption leads to tension states which affect some or all aspects of functioning, and which are discharged through movement."

Two tired babies are shown attempting to disregard the test objects to illustrate the point that partial protection may be attained by deliberate disregard of stimuli. Two babies responding repeatedly to test object illustrate that some infants are nevertheless "stimulus-bound."

The final section of the film is entitled "primitivization." It is explained that prolonged stimulation may generate more tension than can be discharged directly, and that excessive tension can lead to less mature behavior than is ordinarily shown by the same infant. Object presentations and interpretations of differing responses in three twenty-week-old infants illustrate the concept of primitivization. (1) A baby's initial well-co-ordinated, purposive manipulation of the cup; forty-eight minutes later, his "poor attention, unsteady body, immature approach," (2) The smooth, one-handed reach of another baby; seventy-seven minutes later his two-handed reach with jerky motions that "cause loss of cube, as happens with younger infants." (3) A third baby for whom, fifty-nine minutes later, "social responsiveness and pleasure in object are lost; he no longer regards both cubes." This third infant's first and twenty-one-minute-later response to presentation of cup are additionally contrasted to illustrate loss of inhibitory control.

The film concludes with the generalizations that perceptual stimuli

are essential for development and that the formation of tension states and re-establishment of equilibrium are basic elements of life and growth. In a crib a baby is seen gurgling with pleasure, as an adult (presumably the mother) lovingly talks to and occasionally caresses it.

APPRAISAL

CONTENT: This film is an unrelieved documentation of the responses of several infants to various stimuli in a clinical setting. It literally leans backward in the attempt to avoid extensive explanations, hypotheses, or refined interpretations of the richly provocative motor behavior seen on the screen. The generalizations it does venture are worth summarizing:

1. Perception is one with response and requires effort.
2. Behavioral changes occur frequently under prolonged stimulation; these can be described systematically although individual differences are marked.
3. Stimulation disrupts equilibrium; this disruption leads to tension states which affect some or all aspects of functioning and are discharged through movement.
4. Prolonged stimulation may generate more tension than can be discharged directly; excessive tension can lead to less mature behavior than that ordinarily shown by the same infant.
5. Perceptual stimuli are essential for development; formation of tension states and re-establishment of equilibrium are basic elements of life and growth.

Since these points, in the main, support similar conclusions of Cannon, Pavlov, Luria, and others (based on other areas of experimentation), the contribution of the film is restricted largely to its straightforward visual presentation of infant behavior which is ordinarily observable in controlled situations of everyday care. Through the eyes of mother or nurse, the babies would be regarded as tired, overexcited, or in need of comfort or rest. Through those of the authors, attention is focused on accumulation and discharge of tension in response to various stimuli, on the motoric changes involved, and on the modes of response to and avoidance of stimuli.

Due, perhaps, to some reluctance on the part of the Menninger Clinic to release more information at this time on the research project behind the film, or to an attempt to avoid the normative approach, the film not only lacks background material which would have given it clinical significance, it presents a methodology which appears unscientific. No indications are given of the physical or mental states of the infants shown, of the reason for studying these particular infants, or of the mother-child relationship. This last omission is crucial, for many of the tests are given to the babies on their mothers' laps, and differences in maternal holding

and relating to the babies as they undergo the tests are quite evident and must play some part in determining response.

By treating the infants as if they were *in vacuo* the film subscribes to the same anti-psychological outlook for which Gesell's work has been criticized. But in two important respects it offers far less than Gesell's films, for it presents no data on developmental progression from reflexive, involuntary movement to co-ordinated neuromotor functioning, nor does it attempt to indicate related functional patterns within the context of total behavior, such as those between eye and hand or arm and leg.

The validity of the demonstration would have been considerably enhanced had the film included (1) the authors' criteria of tension; (2) a formulation of the specific objective of the procedures shown; (3) some explanation as to why the rest, play, and test periods differed from one child to the next; (4) a description of the controls used. In this connection one question in particular seems pertinent: How much fatigue—or tension—would the infants have accumulated under the same laboratory conditions, including the bright camera lighting, in an equivalent period of time without having been subjected to any additional stimuli?

In several instances the actual application of the test and test objects leaves much to be desired. In a sequence illustrating rapid breathing, for example, the child's stomach is tapped by the examiner. In another scene entitled "behavior changes with increasing tension," it is impossible to tell whether the child's apparent facial tension results from mounting fatigue or whether it arises as a reflexive response to the examiner dangling the test ring close to its face. In the auditory stimulus tests, the bell is not rung with even approximately constant intensity; sometimes it is shaken violently by the examiner, but no mention is made of the ratio between stimulus and response increase in young children (as found by Luria).

In one cube presentation test, the examiner abandons the standard practice of offering the cube off the back of her hand and offers it palm up. The infant's interest appears then to be divided between fingers and cube, but his two-handed approach is attributed to "primitivization" (i. e., less mature behavior resulting from excessive tension). The test procedure as a whole compares unfavorably with the normative tests of Gesell and with the Object of Gratification and Startle Response tests developed by Fries.

PRESENTATION: While the photography in this film is uniformly clear and the lighting excellent, it suffers from monotony for a number of reasons. The scenes are all close-ups and camera panning is at a minimum; in consequence, sudden bursts of movement by the babies on their mothers' laps catapult their heads out of the frame. The shots are excessively long,

the titles too sparse. The titles themselves, in a number of instances, call attention to gross motoric changes that accompany increased fatigue—primitivization, avoidance of stimuli, postural freezing, and so forth—but since these changes occur within a context of the almost continuous random movement of the waking infant, they tend to lose themselves as visually differentiated phenomena. The very length of the shots, rather than pointing up the titled observations, tends to blunt gradually the discriminatory capacity of the audience to a mere recognition that the baby is moving.

EFFECTIVENESS: Some concepts of the film are convincingly illustrated, such as avoidance of stimuli and postural freezing. Others are less so; certain behavior attributed to "primitivization," for example, occurs in rested states, and vice versa. Many of the observations are inadequate insofar as they do not focus attention on specific elements of the visual record in a meaningful way. Such titles as "21 minutes later, loss of inhibitory control" do not tell the viewer what to look for in the maze of general movement. It is difficult to decide whether the methodological and interpretive limitations of the film are due to a reluctance on the part of the Menninger Clinic to release full data on this research project, to the holistic approach of the authors, or to their unfamiliarity with the function of film as a medium of communication. If the first supposition is correct, the film will come into its own as part of a broader picture of research. If the second proves true, it will fall into the limbo of potentially valuable material inadequately utilized. If the third is accurate, we may hope for better films from this respected institution as it gains experience in film making.

UTILIZATION

While the long and uninterrupted scenes of infants in action and repose may be used as visual source material, the film is not carried far enough, interpretively, to be of value as a teaching tool for psychiatrists, psychologists, or other professionals in the field of child care. For similar reasons it is deemed unsuitable for lay audiences.

(9)

THE EMBRYOLOGY OF HUMAN BEHAVIOR

THIS film traces developmental patterns of growth during the first years of life according to the theories evolved by Gesell. Implications of the tonic neck reflex and the concept of reciprocal interweaving are particularly stressed. The specialized nature of this approach and the largely unsuccessful effort to represent it visually (by means of animated symbolism) obscure

an otherwise valuable and technically superb demonstration of infant responses to object presentation tests in a controlled laboratory setting.

AUDIENCE: First and second year medical students, pediatricians, psychologists, and other professionals in various fields of child care.

PRODUCTION DATA: 16 mm., color, sound, 987 feet, 28 minutes. *Year of Production*: 1950. *Country of Origin*: U.S.A. *Sponsor*: Bureau of Medicine and Surgery and Office of Naval Research, Department of the Navy. *Producer*: Medical Film Institute of the Association of American Medical Colleges. *Collaborators*: Arnold Gesell, M.D., Bernard V. Dryer, Clarence L. Welsh, V. F. Bazilauskas, M.D., Louise B. Ames, Ph.D., Leon S. Rhodes, and David S. Ruhe, M.D. *Narrator*: Arnold Gesell, M.D.

DISTRIBUTION: International Film Bureau, 57 East Jackson Boulevard, Chicago 4, Ill. *Sale*: $175. *Rental*: $12.50 per day.

CONTENT DESCRIPTION

A title states that this is a "research report on concepts underlying a clinical science of child development." A child sleeping, then waking, is the introduction to the "lawful progressions of physiological growth" which occur "even while a child sleeps." Such growth begins at conception, "in the darkness of the uterus," where the embryo and fetus begin the process of physical maturation. The heart begins its rhythmic lifelong beat. The eyes form as outposts of the developing brain. The hands develop. By five months the network of motor and sensory nerves has been shaped and the pairs of skeletal muscles have developed to make the action system possible. The eyes are shown as both sensory and motor organs. At the fifth month the eyes are inco-ordinate, the retina not yet developed. In the optic cortex and subcortex the neurones develop until by the seventh month the retina is differentiated and capable of function, the oculomotor muscles have been linked for co-ordinate action.

The child meanwhile is developing his total action system, characteristically indicated after birth in the tonic neck reflex which, among other functions, serves to channel vision toward the hands. The eyes grasp the world quickly, first light itself, then objects at far distance, then objects close by. When he is supine he learns to follow a ring with tenacious "pathfinder" eyes. Soon his hands move co-ordinately to grasp the ring, until by five months he can seize it. This gross grasp is observed when the child is seated with a cube at the test table. First he grasps it with his eyes, then, stage by stage, he rakes, claws, palms, and finger-prehends the block. In a recapitulation with stop frames, we see this development of gross prehension. The child learns to release. He learns to handle two cubes and to pass them from hand to hand. He begins to conquer three-dimensional space, first the vertical—a pile of blocks, then the horizontal—

a wall of blocks, then combined—a block bridge. "The oblique must wait," says the narration.

With a sugar pellet, the steps toward mastery of fine prehension are shown. The four-month baby can seize with his eyes; at seven months he rakes and contacts; at ten months he begins to reach with "probing index finger," until finally he can grip and transfer the sugar pellet to his mouth.

A title introduces the method of growth: "reciprocal interweaving." This weaving together of the body dualities is portrayed as a moving light spindle which creates a symbolic spiral of total growth. This spiral is itself the sum of many growth patterns best typified in the child rising to its feet through the stages of flexion-extension dominance seen during the first year of life. The child's year-long conquering of gravity to free eyes and hands for tool using is telescoped. The child's drawing skills are graphically shown in the step-by-step improvement ascribed to him here: first he scribbles, then he draws a vertical line, then a horizontal, then both together in a cross, a box and a circle, then a triangle, and finally the full niceties of a blueprint with compass.

A title introduces the clinical significance of a knowledge of normal growth. A normal child is contrasted under test conditions with two deficient children, with a spastic, and with another normal child.

The individuality of growth within the over-all grand patterns of lawful maturation is referred to as the film closes with a sequence of children at play. A title summarizes: "the race evolves; the child grows."

APPRAISAL

CONTENT: This overly ambitious and provocative film attempts to highlight the evolution of innate patterns of human growth from the period of gestation into late infancy. The film is too ambitious because the content—partly for reasons of brevity—does not fully support its ideational scope. It is provocative because the theoretical framework on which its message is predicated cannot help but evoke controversial reactions among professional audiences, be they psychiatrists, pediatricians, medical students, or psychologists.

To review *The Embryology of Human Behavior* with the adequacy it deserves would require initial consideration of the evolution of psychodynamic principles in modern times, for Gesell, whose ideas find reflection in the film, combines modern scientific methodology with a theoretical outlook which has its roots in nineteenth-century thinking. His is essentially the phenomenological approach, and his film stresses the inexorable emergence of innate growth patterns rather than the psychobiological interaction between the growing child and the environment. Thus, while the clinical data

presented in the film are exciting and valid, the interpretation of these data in the running commentary leaves much to be desired from the psychiatric point of view.

This is best illustrated by examining two central Gesellian concepts of the film: the influence of the tonic neck reflex (t-n-r) in establishing pattern of prehension and the theory of "reciprocal interweaving."

Based on the observation that the neonate, during much of his waking life, lies in "this attitude which resembles a fencing stance—his head rotated to one side, one arm extended to the same side, the other tonically flexed at the shoulder," Gesell[1] has stated that "This attitude promotes and channelizes visual fixation on his extended hand. By gradual stages it leads to hand inspection, to active approach upon an object, and to manipulation of the object." He concludes that "The t-n-r attitude therefore proves to be not a stereotyped reaction but a kind of scaffolding for the growth of patterns of prehension." There is no reference in the film to other key determinants in promoting or inhibiting prehensible patterns, such as the interaction between mother and child—yet the studies of R. Spitz, M. Fries, L. Bender, M. Ribble, and others have demonstrated beyond question that the quality and degree of parental care or neglect exert an absolute influence on physiological as well as psychological growth processes. The relative desirability of objects in stimulating manipulative activity (e.g., mother's breast, the bottle, bright objects) and the participation of instinctual sensory drives (e.g., oral, tactile, olfactory, gastrointestinal) are likewise disregarded as relative determinants of prehensile activity in this film. Were t-n-r eye-hand relationship presented as one of *several* factors promoting eye-hand co-ordination in the human infant, this portion of the film would arouse less scientific opposition.

The concept of "reciprocal interweaving" introduced in the film offers a teleological explanation of the acquisition of higher skills and their gradual refinement. According to Gesell, the *purpose* of the upright position is to emancipate hands and arms for higher uses. Reciprocal interweaving is a theoretical construct based on observation of the phenomena of extension and flexion, tension and discharge. In discussing toilet conditioning,[2] for example, Gesell explains: "Reciprocal interweaving is going on all the time in the development of this function, as it always does when antagonistic components are involved. At times inhibition takes the upper hand; then the child withholds valiantly as long as he can and is unable to release at will. Then, again, release mechanisms are dominant and the ability to in-

[1] GESELL, ARNOLD, and AMATRUDA, CATHERINE S.: *Developmental Diagnosis*, New York, Paul B. Hoeber, 1947, p. 33.

[2] *Ibid.*, p. 198.

hibit is overpowered. This is another example of physiological awkwardness due to immature co-ordinations."

If the theory of reciprocal interweaving were broadened to encompass psychic variables it would cease to present itself as a closed system. As it stands, it is a static concept which further detracts from the scientific acceptability of the film.

Of greatest value is the film's convincing visual demonstration of typical infant behavior at various age levels, which is based on thirty-five years of clinical investigation by Dr. Gesell and his staff at the Yale Clinic of Child Development. It is regrettable that only a short portion is devoted to the comparative pathological findings made possible through the use of the various diagnostic tests developed by the Institute (employing rings, rattles, cubes, pellets, form-boards, color cards, drawing materials, etc.). Overburdening of the film with theoretical constructs—in commentary and animated diagrams—and the inclusion of only three examples of pathology do not do justice to Gesell's tremendous contribution to the field of developmental diagnosis.

A number of unfortunate biases present in the film could be eliminated through complete reconstruction of the narrative. The title itself, *Embryology of Human Behavior,* is perhaps misleading. Much of what is visually presented does not constitute embryology in the pure sense of the word, although it might be argued that the term has attained broader meaning in recent times. A prefatory explanation or title acknowledging the principle of multiple determinism would go far to offset the negative impressions of psychiatrically oriented audiences and would enhance the film's scientific validity. It would be more creditable for the author himself, whose books *do* accord certain recognition to determining factors neglected by the film—indigenous elements, both psychological and physiological, as well as influential forces in the child's personal relationships and physical surroundings. A more adequate commentary would compensate the present tendency of the film to isolate essentially related patterns; for example, the interdependency of eye and hand might well be defined as one aspect of a total dynamic of physical and mental interrelationships. The possibility of individual differences should be indicated at several points throughout the narrative, rather than at its conclusion.

Despite extensive weaknesses of this film, it is well to emphasize that just as Gesell's fervent interest in establishing normative standards of behavior through the study of thousands of infants has led to methodological refinements in diagnosing organic and functional deviations, so this presentation—by its very reflection of his views—will stimulate a more profound interest in the individual, and in the unique patterning of biological, psy-

chological, and sociological mechanisms which serves to differentiate him from his fellow man.

PRESENTATION: From the production standpoint, this is a visually exciting film. The scientific cinematography is brilliantly handled; each scene succeeds in illustrating fine movement details as well as total responses of the children to the various test situations. The section dealing with the integration of prehensible skill, for example, embodies close-ups from exceedingly well-selected changing camera positions, with freeze frames emphasizing specific points in the commentary.

While the animation is technically adequate it is qualitatively not so effective as the "live" shots, since it is geared to the author's theoretical concepts rather than to the factual material observed on the screen. Test audiences find the animated ascending spiral that (presumably) symbolizes reciprocal interweaving intrusive and distracting. The sequence on oculomotor development also confuses. Even though scientifically accurate, it is insufficiently explained by the narrative, and so demands extensive technical knowledge to be understood. In general, the commentary, burdened with the author's specialized terminology, does not adequately support what is seen on the screen. The continuity of the clinical story is disrupted by the animated sections on reciprocal interweaving and the highly specialized oculomotor illustrations. The acknowledgment of individual differences at the end of the film, consisting of a few shots of children at play, comes belatedly and seems to be appended as an afterthought, since it contributes nothing to—and in fact, almost contradicts—the film's heavy emphasis on the uniformity of developmental patterns.

EFFECTIVENESS: *The Embryology of Human Behavior* is a provocative medium to initiate group discussion of morphological processes. The fine clinical illustrations of neuromuscular development—entirely aside from the narrative—will prove valuable to any professional group studying human growth processes, while the short portion on pathological deviation is of medical and psychological interest. This film, though too specialized for the general public, is suitable for first or second year medical students, pediatricians, psychologists and professionals active in various fields of infant and child care.

UTILIZATION

Even though Gesell's earlier films are less weighted with theoretical abstractions and more effective as pure observational data on the structural basis of human behavior, this film, too, has value if properly utilized. This will demand considerable knowledge on the part of the discussion leader, however. He should familiarize himself beforehand with certain aspects of Gesellian theory—the implications of the tonic neck reflex and the concept

of reciprocal interweaving. He should also be prepared to explain retinal development to his audience to clarify the complex and specialized oculomotor sequence. Questions on multiple determinism and psychological implications will be stimulated by the film, especially in regard to individual similarities and differences.

To utilize the film to fullest advantage a psychiatrically or psychoanalytically oriented discussion leader should be chosen.

(10)

EMOTIONAL HEALTH

(Health Education Series, correlated with *Textbook of Healthful Living* by Harold S. Diehl, M.D.)

IN following the treatment of a young student with precordial symptoms but no organic pathology this film effectively advocates a constructive therapeutic attitude toward emotional disorders. It establishes the relationship between mental stress and functional disturbance and demonstrates psychotherapeutic procedure. Although the treatment interviews are too facile and the cinematography monotonous, the film is above average in clarity of thematic exposition. It should promote lay acceptance of psychiatric principles and encourage co-operation between the general practitioner and the psychiatrist.

AUDIENCE: High-school and college students, educators, professionals in youth work, students of psychology and social work, medical students, general practitioners, nurses.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 720 feet, 20 minutes. *Year of Production*: 1947. *Country of Origin*: U.S.A. *Producer*: Audio Productions, Inc., for McGraw-Hill Text-Films.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 18, N. Y. *Sale*: $105. Also available from many film libraries on loan or rental basis.

ACCOMPANYING MATERIALS: (1) A 25-frame silent filmstrip containing general questions on mental illness, the physiology of fear, psychiatric treatment, and public education in mental health concepts. (2) An *Instructor's Manual for Health Education Series* containing a statement of purpose, an adequate content synopsis, the complete text of the filmstrip, and correlation data with *Textbook of Healthful Living* by Harold S. Diehl, M.D.

CONTENT DESCRIPTION

A college freshman sits in consultation with a doctor, who has examined him to determine whether his rapid pulse and chest pains are due to organic causes. The doctor tells the boy that the findings are negative and that his physical condition is perfectly sound. The youth protests that his symptoms are real—moreover, he is so worried about his heart that his schoolwork has deteriorated. The doctor explains that functional disturbances may also result from emotional maladjustment and tells the youth he is going to refer him to a psychiatrist. The boy anxiously exclaims that he is not crazy—besides, what will people think? Just as there are heart specialists, there are mind specialists, replies the practitioner. Then, through simple examples—of fear reactions, of an athlete before a game, of a student called in to see the dean—he shows the boy that such states are physically normal, for the body reacts to warning signals flashed by the brain. An animated excerpt from the Navy film, *Psychosomatic Disorders,* illustrates his description of the body's preparedness response to the fear signal. "If you have these symptoms," the doctor concludes, "it's your job to uncover the cause."

The boy accepts his need for psychiatric help and the scene shifts to the psychiatrist's office. In this first visit the psychiatrist explains that certain elements in the patient's background have probably led to his difficulties, and he encourages the boy to talk. Various anecdotes, presented as a series of flashbacks, punctuate the patient's story. His father was strict, impatient. He felt closer to his mother. Once when he brought home a poor report card his father scolded him severely. The boy cried, ran to his mother for protection. He was left with an uncomfortable feeling in his father's presence. The psychiatrist sums up: The boy's present insecurity has to do with being away from home and missing the protection his mother offered.

Sessions continue as the patient, with active encouragement, brings up other experiences from the past which the psychiatrist interprets. He recalls resenting one teacher who tried to help him by probing the causes of his poor schoolwork, and he realizes that he must have held her responsible for the trouble he had with his father over low grades. He recalls having hated his father—planning to kill him and run away—when the latter once locked him in a closet for punishment. The psychiatrist interprets that conflict between these rebellious fantasies and loving impulses toward the father led to later feelings of guilt.

The last therapeutic session shown occurs after four months of continuing treatment. The boy ventilates his feelings of jealousy over his younger sister's birth and interprets his ensuing resentment and sense of exclusion. Patient and psychiatrist agree that the treatment has begun to show

definite results—the patient is now able to evaluate these earlier, unresolved conflicts; his schoolwork has improved, and he mixes more freely with the group. In a final scene he is seen dancing with a girl. From now on, assures the commentary, his progress will be rapid. He is clearing the way for emotional health.

APPRAISAL

CONTENT: The film consists of two main parts. Through the dialogue between a general practitioner and his young patient, the first section shows the connection between functional symptoms and emotional stress and the diagnostic indications for psychiatric referral. These psychosomatic considerations are discussed by the general practitioner with simplicity and conviction.

The patient's natural surprise at the doctor's negative organic findings and his natural dismay at the very suggestion of psychiatric treatment provide a situational foil for the doctor's extensive explanation of physiological factors in fear and tension states. The inclusion of a humorous animated section depicting glandular, vascular, respiratory, and muscular alterations clarifies material which might otherwise seem too technical to the untrained lay audience.

The second part of the film follows the psychotherapeutic exploration and analysis of significant relationships and experiences in the patient's life history. The chief criticism that may be leveled at the film's handling of this material involves the characterization of the psychiatrist and his role. He encourages too actively, praises the patient too generously for improvement, and no suggestion is made in the film—through action or interpretation—of negative transference reactions in the patient toward the psychiatrist. Treatment thus consists of supportive psychotherapy, rather than analytic psychotherapy.

These very limitations, however, may increase the film's value for lay audiences by alleviating popular suspicion and doubts concerning psychiatric treatment. The patient sits facing the doctor—he does not lie on the couch. He responds positively to therapy. The improvement which occurs over a period of four months will tend to rectify the common misconception that psychiatric cure necessitates several years of treatment.

EFFECTIVENESS: In the first section, the general practitioner's unqualified recognition of his patient's need for psychiatric treatment in the absence of organic pathology strikes a note of encouragement for co-operation between the two areas of medical practice. By this positive suggestion the film should also promote popular acceptance of psychiatry as a valid form of treatment.

The film conveys understanding of the ingredients of a well-balanced

therapeutic session. With the immediate life situation as the point of departure the patient verbalizes experiences and recalls feelings from the recent and remote past. The childhood events (presented as flashbacks) which are analyzed and understood, while traumatic, are not overly dramatic. In this respect, the film is especially valid, insofar as many childhood experiences recalled as particularly painful are so because of their symbolic rather than experiential content.

Like many other mental health films, *Emotional Health* may arouse some resistance in parents; by emphasizing the failure of the patient's parents to give explanations at the right time, it tends to place a burden of guilt on them without acknowledging the forces which prevented the creation of a better psychological climate in the home. Nevertheless, the positive values discussed above, as well as the specific insights the patient gains in treatment into his direct and displaced hostility, sibling rivalry and overdependency make this film a worthwhile addition in the field.

PRESENTATION: The story line of the film is simple. Visually, the confinement of the two basic settings to the doctor's offices creates some monotony. In the medical consultation this is relieved by the animated physiological sequence from the Navy film, *Psychosomatic Disorders*. Flashbacks from the patient's early life interlard the static scenes of patient and psychiatrist seated opposite each other, and time intervals between the psychiatric sessions are indicated by the riffling pages of an appointment book. Acting throughout the film is somewhat below par and in two cases verges on the inappropriate; the medical practitioner maintains a stony, unsmiling expression throughout his discourse, while the psychiatrist too frequently acts the exuberant salesman of products mental. The rest of the cast, while adequate, is undistinguished.

UTILIZATION

The film is suitable for lay audiences, senior high-school and college students, nurses, teachers, youth workers, and classes in undergraduate psychology and social work. It also offers orientation material for third-year medical students and for general practitioners. For best results a qualified discussion leader should be present.

(11)

FACE OF YOUTH

THIS film urges the recognition and early treatment of emotional disturbances in children by tracing the successful efforts of a public health nurse in helping two maladjusted boys, one through family guidance, the

other through psychotherapy at a mental health clinic. Weak story structure and uneven skills limit the over-all impact of the film, and lack of credibility in the nurse's role lessens its validity in respect to mental health procedure. On the other hand, the presentation of psychotherapy should be of value in acquainting lay audiences with the work of community guidance centers.

AUDIENCE: Teachers, parents, vocational guidance classes, public health nurses.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,036 feet, 29 minutes. *Year of Production*: 1951. *Country of Origin*: U.S.A. *Sponsor*: Mental Health Division, Bureau of Maternal and Child Health, Wisconsin State Board of Health. *Producer*: University of Wisconsin, Extension Division, Bureau of Visual Instruction. *Script and Direction*: Herman Engel. *Camera*: Martin Lobdell. *Musical Score*: Hilmar F. Luckhardt.

DISTRIBUTION: Bureau of Visual Instruction, Extension Division, University of Wisconsin, 1312 West Johnson Street, Madison 6, Wis. *Sale*: $90. *Rental*: $2.00 per day in Wisconsin, $3.50 elsewhere.

CONTENT DESCRIPTION

The film opens on closeups of school children modeling in clay. We see their busy hands, their mobile mouths as the narrator contrasts the face of youth with that of age: "Youth has a face, a soft face, a certain roundness, not quite fixed or final. Later the lines of experience cut in deep, the features set hard in the mold." As one youngster grabs a piece of clay from another (the teacher observing without interfering), comparison is drawn between the emotional and physical lability of youth and the comparative inflexibility of adulthood. The point is made that early recognition of emotional disturbance and appropriate guidance will prevent more intractable difficulties later on. The camera now pans across a group of public health nurses at a lecture. This is one of the most important tasks of the public health nurse, continues the narrator—she sees so much, she can do so much to help children emotionally as well as physically. Attention is focussed on one of the nurses, Miss Anderson. As the lecture ends she leaves the building, exchanging greetings with neighborhood children as she passes down the street. She drives along a country road, arriving finally at the Lunmore home. She enters, dons an apron, and examines the baby's rash while the mother stands by. As they are talking, Mrs. Lunmore notices her older boy and a chum scrapping in the yard and rushes anxiously outdoors to intervene. As Miss Anderson observes mother and son through the window, the commentator explains that the public health nurse—a welcome guest whose services are freely offered to those who need and desire them—is also concerned with such a question as "why a mother should be so upset by a plain, everyday squabble between two boys."

Nurse Anderson determines to "find out a little bit more about it" and visits the school. Standing near the lockers as the children get their wraps, she sees shy Ralph Lunmore trailing after his pugnacious pal, Alex, who swaggers before two shocked little girls with a toy pipe. After they have left she wanders into the empty classroom to chat with their teacher. The public health nurse and the teacher have a great deal in common, explains the commentator. "They have the same aims—to help children grow up easily and happily. This is a subtle task. It requires a gentle hand, a sharp eye . . ." Nurse and teacher discuss various children in relation to their drawings on the bulletin board. The narrator relates this conversation. Ralph Lunmore, who drew an airplane, isn't so happy, says the teacher, adding that Ralph never fights back, can't get angry, can't let himself go. Ralph is shown anxiously biting his fingernails, getting a stomach-ache and asking to leave the room when they have spelling bees. Miss Anderson also inquires about Alex. "That's Alex!" replies the teacher, pointing significantly to the freshly carved name "ALEX" on the boy's desk. "He doesn't mean any harm," she explains. "His energy just spills over. He's pleased when the other children notice and say, 'Smart Alex!' "

Miss Anderson visits both mothers to talk to them about the boys. Alex's problem is rather easily solved. At school he becomes a member of the safety patrol squad. His father spends more time with him; the two are shown doing carpentry work on the barn. Alex's destructive exuberance is channelized into constructive activities which gain him the praise and attention he craves.

Ralph's problem is more deep-seated. The teacher permits him to call the words at a few spelling bees, but while this enables the boy to escape his problem, it does not help him to solve it. Ralph and his mother are referred to the Child Guidance Center, where Ralph begins treatment with the psychiatrist. The clinic team—psychiatrist, social worker, and psychologist—is shown and its function explained. In interviews with the social worker Mrs. Lunmore asks typical questions ("Ralph says he's heard this is a place for crazy kids. What good will it do for them—Ralph and the psychiatrist—just to play together?" etc.) and receives informative answers. In his initial treatment period, Ralph's subservient behavior is interpreted by the psychiatrist: "You always want people to think you're such a good boy." In play therapy, Ralph reveals difficulties connected with his father's frequent absence from home, as well as jealousy of the baby. He passes through a stage of overt aggression and destructiveness which disturbs his mother considerably until she talks it through with the social worker. Eventually, Ralph is able to direct his released energies into constructive activity. No longer timid and withdrawn, he is seen at the classroom blackboard, daring to

copy an answer from the boy beside him, daring to grab an eraser, daring to "grow up as a boy should."

In a short final scene, the public health nurse and the teacher sit in a soda parlor together, watching with pleasure as a father buys his small boy an ice-cream cone. The narrator urges that children be helped now—"while there's time."

APPRAISAL

CONTENT: *Face of Youth* deals with the recognition of emotional disturbance in children and its resolution through the co-operative effort of community agencies—the health department, the school, and the child guidance clinic. In this respect the message of the film closely parallels that of *Angry Boy,* without attaining the psychological depth or factual credibility of that excellent production. In emphasis, however, *Face of Youth* stresses prevention rather than cure. Whereas *Angry Boy* traces the treatment of a child whose pathology finds expression in stealing, this film follows two boys, neither of whom engages in clearly definable antisocial behavior. Ralph is timid and withdrawn, with psychosomatic symptoms; Alex is mischievous, aggressive, somewhat destructive, but popular. Both are of normal intelligence.

The chief criticism of the film (aside from presentational vagaries, which will be discussed later) lies in the manner in which the public health nurse fulfills her role as liaison agent between families requiring psychological guidance and the mental hygiene resources of the community.

That the public health nurse *should* thus implement the nation's mental health program goes without saying. But Nurse Anderson starts the ball rolling for Ralph and Alex on the basis of such flimsy evidence—one observed incident—and pursues her course in ways so furtive and devious as to suggest the master sleuth rather than the mature professional woman. Alex pushes Ralph around, Mrs. Lunmore intervenes, while Miss Anderson peeps through the window with an "I'm-taking-this-all-in" expression.

It is similar at the school. And when she finally sidles into the classroom to strike up a conversation with the teacher, the teacher displays such sensitive recognition of Ralph's neurotic pattern that one cannot help but wonder why she herself has made no effort to convince the boy's family of his need for psychiatric help. The magical—almost unethical—quality of the nurse's maneuvers is further accentuated by the absence of any detail to indicate what she does to bring Alex's father into closer companionship with the boy, or how she persuades Ralph's mother to visit the Child's Guidance Center. Mrs. Lunmore is suddenly there, talking to the social worker.

PRESENTATION: This film is produced in documentary style, that is,

it apparently uses non-actors and real settings. A good deal of labor must have gone into its planning and execution, but, unfortunately, the available film skills were apparently not in every respect up to the task. The introductory sequence of the children in clay class (contrasted with older people) has a sensitive approach which, however, is not sustained throughout. The story line itself lacks clarity, since it is not obvious at the outset that two boys from different families will be followed.

Although the film is photographically competent, it contains many scenes without dramatic value, and many shots are unreasonably long or superfluous; the nurse's ride to the Lunmore family and her entrance into their home are examples of this. The acting, aside from a few scenes between Ralph and the psychiatrist, is pedestrian, as illustrated by the head-nodding of the nurse to express understanding.

The sonorous and halting narration is punctuated by long silences, and the resultant disturbing effect is hardly mitigated by the excellent musical score. Furthermore, a considerable portion of this film consists of scenes of people talking to each other, with the narrator's voice communicating the content of their conversations. While this is a poor method, one gets gradually accustomed to it as the film progresses. Yet, after about twenty minutes, as the mother is seen talking to the social worker, "live dialogue" suddenly replaces the narrator's voice—for two insignificant sentences—as if everyone had sprung to life.

From here on, dialogue arbitrarily alternates with narration, without apparent regard for dramatic structure. This bizarre way of using dialogue undermines, rather than strengthens, the content value of the story.

EFFECTIVENESS: Despite its initial handicap—the ill-conceived development of the nurse's role as liaison agent between family, school, and mental hygiene clinic, *Face of Youth* succeeds in a number of other areas. The introductory theme—lability of youth versus rigidity of age—and its implication—preventive guidance in the formative years—are crisply posited. This part of the film could be shown to advantage as an introduction to a lecture in developmental psychology. The value of informal working co-operation between school and health department is suggested in Nurse Anderson's casual talk with the boys' teacher.

The situational resolution of Alex's maladjustment, while glibly achieved, nevertheless illustrates the concept of degree, when contrasted with Ralph's deeper problem.

The sequence on therapy demonstrates the rationale of the clinic team approach. The mother's guidance interviews with the social worker provide a natural setting for questions and reassuring answers on psychotherapeutic procedure.

Ralph's treatment sessions with the psychiatrist touch on problems of aggression, repression, oedipal attitudes, and sibling rivalry. The film's recognition of the father's influence on the growing boy remains implicit, rather than explicit.

Because many of these points have been made more dynamically and effectively in other films, its chief claim to distinction lies in emphasis on the role of the public health nurse in the community mental health program. While this participation is weakly conceived, the film's stress on the importance of such liaison work is in itself valuable.

UTILIZATION

The film is suitable for showing to teachers, parents, vocational guidance classes, and public health nurses. A qualified psychiatrically oriented discussion leader is needed to correct certain misconceptions which may arise concerning the responsibilities of the public health nurse and the way in which she fulfills them.

(12)

FAMILY CIRCLES

IN a highly convincing manner this film urges co-operation between home and school to achieve maximum emotional health for the child. Through several examples of family life in a local community it demonstrates that modern society exerts strong pressure against the close and authoritarian family life of earlier times and that unified effort between the child's family and his teacher, a member of his "ever widening family circle," is necessary to promote healthy adjustment. The film, suitable for any type of audience with or without a discussion leader, is admirably conceived and artistically presented.

AUDIENCE: PTA groups, teachers in training, medical students, pediatricians, psychiatrists in training, psychiatric social workers, psychologists, child-guidance and social-agency personnel, fraternal and religious organizations.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,100 feet, 31 minutes. *Year of Production*: 1949. *Country of Origin*: Canada. *Producer*: National Film Board of Canada. *Technical Advisers and Co-operation*: Judge H. S. Mott, Toronto Family Court, J. M. D. Griffin, M.D., Medical Director, National Committee for Mental Hygiene. Board of Education and Home and School Association, Forest Hill Village, Ontario. *Script and Direction*: Morten Parker. *Camera*: Grant McLean. *Narrator*: John Drainie.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 36, N. Y. *Sale*: $100. Available on loan or rental basis from many educational film libraries.

CONTENT DESCRIPTION

The film opens on a tense family scene in an old-fashioned parlor. While the women of the household—mother, daughter, and grandma—maintain timid, respectful silence, the authoritarian father lectures his grown son for some breach of discipline. As the camera pans backstage and out to the audience we realize that this is a scene in a play, *Family Ties*. The commentator begins: "When some of us were very young there was a place for everything, and everything was in its place. Now this idea is a piece of sentiment to be played broadly, for laughs." As the performance ends we are carried with the crowd along Main Street, past glittering neon signs. "Now, engulfing the family circle, the colossus of the twentieth century is tempting in a thousand voices," continues the narrator, and reads off such slogans as "Leave your troubles at home!" and "A home away from home!"

The question is raised: How can the home compete, or simply share, with this? A husband and wife return home from the theater. Their son is still out. "Maybe a father should be stricter," muses the worried parent, "but not like in the play. With all the stuff you read you don't know if you're handling kids wrong. It's time I showed that boy I'm still head of this house."

Short sequences follow, presenting varied opinions on today's dilemma of family living. First the troubleshooter, a cynical newspaper hack grinding out answers to worried readers. Next the bombastic radio speaker, bellowing in majestic tones that "there's no place like home." Judge Mott speaks, denouncing such shallow sentimentality and warning that the family faces actual mental and physical problems, that the children are the real victims, that the solution lies in gaining proper guidance for home and community. A psychiatrist decries romantic delusions, shabby values; he advocates preparation for marriage. A smug old woman, stroking her Pekinese lap dog, scoffs at the weakness of men and the masculinity of women —she concludes that the family "is going to the dogs."

Suburban and slum streets are seen as the commentator poses the task of defining afresh the relationship between home and neighborhood, "where all the world comes from."

Four illustrative examples of home life follow. These are bound together by the occasional interpolation, throughout the film, of a panel discussion at a Parent Teacher Association meeting in which the case-history material is pointed up and interpreted. Of all the community influences on

the family, continues the narrative, the strongest and most direct is that of the school. "The teacher has become a vital member of the family circle."

The first child is Freddie Price, whose mother does not recognize the importance of attending the activities of Freddie's class on visitors' day. We see Freddie's depression, his deep sense of loss and futility as the other parents roam about the room, examining the children's art and craft work and chatting with the teacher. "What is school to the child?" asks the narrator. "It is the place where he works, it is his job. Like any grownup, he wants to be important through the things he does—to feel he matters."

In the PTA discussion one father remarks that the way the child learns his lessons will influence the world; that in one way or another the child weighs and tests the home and school against each other.

This introduces the example of Shirley Jenkins, for whom "the disturbing conflicts have already begun." As the teacher reads Amy Lowell's poem "Sea Shell" to the class, Shirley looks sullen and covers the page of her book with her hands. Asked if she does not like the poem, Shirley replies, "Oh, yes, but why do we have to learn it anyway?," She continues, "My father says . . ." and a flashback to the previous evening in the home is shown. This establishes Shirley's family as amiable, well-meaning, but insensitive to cultural values. The parents and a neighbor couple dogmatically criticize the schools for teaching such "impractical things" as poetry, and when Shirley timidly demurs, "Gee, I think it's very beautiful," her father replies, "But it's not what you go to school for, young lady." As Shirley starts off to bed, the boisterous neighbor grabs her in rough horseplay and tells her about the bogey man—"Ha, ha, ha!"—and the mother—even as she caresses Shirley—describes the child's delicacy and resemblance to her aunt, who "died young." Shirley ascends the stairs to her room thoroughly frightened.

At the continuing PTA meeting parents and teachers point out that what goes on at home has greater influence on the child than is realized. "The Jenkinses of the world love their children, but too often they forget the child's growing awareness." The need for affection, calm, and serenity in the home is stressed.

A little boy sits at the dining-room table studying after supper. His father comes in, late, and goes into the kitchen. Immediately a fight starts between the parents. It grows; voices are raised to screams, something is smashed, the door between kitchen and dining room is slammed shut. The child sits outside, covers his ears, wrings his hands in an agony of anxiety. Silence. The father slams out of the kitchen in a rage, picks up his hat and, without a glance at the boy, leaves the house.

A good home is seen in which the adults are warm, accepting, and

lovingly aware of the child's needs. A boy sits over his homework, chatting occasionally with his parents. When he expresses reluctance to accept another lad into his club because the latter is Catholic, the mother and father calmly call attention to the boy's human qualities. "He's a good football player, too," their son concludes generously.

It is autumn as the members of another family move about the yard, raking and burning leaves. "Sometimes it may seem that family life has not changed at all," says the commentator. "But such a view is one which denies the advances in this century—especially the advance in our understanding of the child."

Flashbacks are seen—of neglected Tommy on visitors' day, of Shirley, of the PTA discussion, of the boy frightened by his parents' quarrels, of the accepted and loved boy. "If you look upon the child in his quiet moments, in the look upon his face you will see the image of the man he will become —the man you will have helped him to be," concludes the commentator. "He will carry on his shoulders, always, the knapsack of his past. . . . In the image of the new and growing family circle, the child studies the image of his hopes."

APPRAISAL

CONTENT: This outstanding film concerns itself with the problem of providing the child with a stable home and school environment in the face of disruptive forces in present-day society which tend to disintegrate family life. The content is most intelligently conceived. It first establishes that the turn of the century brought a gradual decline in the authoritative role of the father as a unifying influence within the family, and that human needs formerly satisfied within the home are increasingly satisfied outside, in the community. The personal disorientation that has accompanied this social trend is next indicated, with special emphasis on the damaging effect that unstable marriages and broken homes have on our children. The importance of the school as an extension of the family circle is stressed, and the main portion of the film urges the establishment of closer relationship between home and classroom as a means of providing young people with emotional security in society's "ever widening" family circle. A parent teacher meeting serves as background continuity for examples of children in different types of home environment and provides a natural situation in which positive generalizations on child-rearing practices may be stated.

By offering its subject as the discussion material of the PTA meeting, the film apportions responsibility for the child's upbringing between family and school, without departing from the basic psychiatric concept that personality maladjustment begins at home. It also avoids the common error of presenting the school as a therapeutic agency or the teacher as private

therapist. It simply demonstrates typical family constellations which will recognizably promote or retard the child's healthy development. Tommy, the first case, has a mother who quite clearly fails to recognize that visiting his classroom on open-house day is more important for her little boy's adjustment than a well-scrubbed home. She is busy with the baby, she has planned to clean the floors. She is not deliberately rejecting when Tommy begs her to come—but he feels rejected by her and an outcast in his class with the other children's parents milling about. Shirley's family, too, is not openly rejecting. Their values, however, are narrow and mercenary; they are insensitive to the child's feelings even as they caress and pay attention to her. Similarly, the boy whose parents quarrel violently in the next room is not openly rejected—nobody screams at him, nobody hurts him—yet their profound indifference to his presence and to the anxiety their mutual hostility must evoke in him is, perhaps, more rejecting in its total effect than a beating. The accepting parents do not fuss over their boy. They are simply present in a peaceful setting which is conducive to trust and communication. They transmit concepts of tolerance when he is prone to succumb to attitudes of social prejudice and, by example, promote his sense of security and well-being.

PRESENTATION: The simplicity of these examples is combined with a cinematic approach that adds richness and depth. The clear, melodious lines of Amy Lowell's little poem, "Sea Shell," as read by Shirley's teacher in the classroom versus the family discussion the previous evening, in which the child's father asserts that poetry "isn't what you go to school for, young lady!" is a masterpiece of cultural and interpersonal contrast. It is this skillful combination of thematic, narrative, and visual material which so tellingly and realistically conveys the message that parents must recognize children as individuals, rather than as mere extensions and reflections of themselves.

Structurally, the film has several limitations. The introductory section on social change is too long, proportionally, to the main body of the film. The tempo, bombast, and staccato quality of this section contrasts sharply and rather unpleasantly with the rest of the presentation. Judge Mott's remarks on the home should follow, rather than precede, the inane remarks of the old woman on the family's "going to the dogs" for maximum effectiveness. Also, the introduction suggests that the film will deal with the subject of broken homes, whereas it is actually devoted to preventive concepts of mental hygiene through home-school co-operation.

The acting in the film is generally adequate and sometimes superior; the cast, presumably, is drawn from the Home and School Association of Forest Hill Village, Ontario. The narration is well written and delivered.

Music is used with intelligent economy. A few of the scenes are asynchronous and somewhat unintelligible, but these occur in the introductory section and do not interfere with the main portion of the film.

EFFECTIVENESS: The audience value of *Family Circles* may best be judged by the fact that it is the only film among this body of reviews which the specialist reviewing panels recommended, without qualification, for presentation without a discussion leader. The message is compact and self-explanatory. It is lucid enough to be readily grasped by lay audiences, and the case material is sufficiently well developed to prove educational to professional audiences as well. The film insults no one, yet it tells its story without watering down basic psychiatric principles. With or without a discussion leader, parents will learn of the child's need for a healthful emotional climate within the home and will be stimulated to closer co-operation with the school. Teachers will be encouraged to recognize the origin of the child's personality difficulties and the desirability of enlisting parental co-operation with the school program. Medical students, pediatricians, psychiatrists in training, psychiatric social workers, sociologists, psychologists, and child-guidance personnel will find the case material a rich source of discussion, and social agencies will find the film of value in promoting an integrative approach to mental hygiene problems in the community.

UTILIZATION

Although the film is effective on its own, a discussion leader—or, with technical audiences, the instructor—may profitably amplify the material, particularly by introducing therapeutic considerations and recommendations not dealt with specifically in the film.

(13)

FEARS OF CHILDREN

**(The Mental Health Film Board Series—
Emotions of Every-Day Living, No. 3)**

THIS psychologically rich film demonstrates that parents must take into account the child's developmental needs in order to help him achieve sound emotional health. It presents the experiences of one little boy caught between an overprotective mother and a domineering father. The parents' gradual acceptance of the boy as an individual demonstrates that well-motivated adults can follow factual advice on child rearing, even though such advice may conflict with their accepted pattern of doing things based on their own emotional constellation. A psychiatrically oriented discussion

leader should be present to point out depth aspects of the film which will escape less sophisticated lay audiences.

AUDIENCE: Parents and child educators, nurses, medical students, pediatricians, students of psychology, patients in analytic group therapy.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,020 feet, 28 minutes. *Year of Production*: 1951. *Country of Origin*: U.S.A. *Sponsor*: Oklahoma State Department of Health and National Association for Mental Health. *Psychiatric Consultants*: A. A. Hellams, M.D. and Milton Senn, M.D. *Educational Consultant*: Nina Ridenour. *Producer*: Julian Bryan, International Film Foundation. *Script and Direction*: Francis Thompson. *Camera*: Peter Glushanok.

DISTRIBUTION: International Film Bureau, Inc., 57 East Jackson Boulevard, Chicago 4, Ill. *Sale*: $115. Available on loan or rental basis from state or local mental health authorities, mental health societies, public libraries and educational film libraries.

CONTENT DESCRIPTION

"Good morning, Baby," greets Mrs. Robbins as her five-year-old son enters his parents' bedroom and snuggles down beside her. "I had a bad dream last night," Paul begins, but his mother puts her finger over his lips. "Sh-h," she whispers. "Daddy's asleep." He lies still a moment, then—"Read to me, Mommy." Again his mother, glancing fondly at her husband, silences him. Mr. Robbins stirs, wakes, and Paul clambers onto his bed. "Read to me, Daddy," he begs, but the father, in a hurry, good-naturedly puts the boy off and starts to dress. As his parents exchange morning pleasantries Paul stands, silent and excluded, fiddling with a pair of scissors from the mother's sewing basket. "You might put your eyes out, Baby," cries Mrs. Robbins, catching sight of this. Mr. Robbins intervenes. "Why, Helen, they're so dull they wouldn't cut paper!"

In the kitchen Paul gets underfoot. "He's old enough to feel some responsibility," the father complains. "He's only a baby," defends the mother. When Paul is asked to come to the table he refuses. Mr. Robbins curbs his reaction of anger and tells him about another little boy who, although younger, weighs more than Paul because he eats properly. Paul takes his place, but shortly afterward clumsily knocks over his father's coffee. Mr. Robbins jumps up explosively, wiping his trousers, and orders the boy to his room. Alone upstairs, Paul flings his Teddy bear to the floor and tramples it.

Later the same day Mrs. Robbins and Paul are out for a walk with a neighbor, Alice Tuttle, and Mike, her little boy. The children are on tricycles; as they shoot ahead, Paul's mother calls him back. Mike, unrestrained, races on down the block. He abandons his bike to clamber over some rocks and Paul follows. Mike scrambles intrepidly through a miniature

cave and soon reappears above, but Paul becomes terrified in the dark and screams for his mother. Mrs. Robbins and her friend stand at the entrance and Paul's mother calls him back. As he emerges, sobbing, she notices that he has lost a mitten and tells him to go back inside to get it—"Daddy will be angry." The other mother intervenes. "Don't send him back in there, Helen, he's too frightened."

Back at the Tuttle home, over a cup of coffee, Paul's mother complains about his sulky behavior and his incomprehensible fears. Her friend explains that they had similar difficulties with Mike only a year ago, but their doctor helped them to understand that it is natural for little boys to become angry, and wise to allow them to express it.

That evening Mr. Robbins dries Paul after his bath. As he leaves the bathroom he trips and cracks his shin to avoid stepping on Paul's turtle. Furious, he kicks the turtle across the floor. "Daddy, you kicked George!" the shocked boy calls after his father. When his mother comes in she finds Paul drowning his Teddy bear in the washbowl. "He's not made for that, dear," she protests. "Oh, Paul, it's the brand-new bear that Daddy just bought you! I'm glad he didn't see this!"—and she thrusts the soggy victim behind the shower curtain. "Daddy kicked George," the child responds solemnly.

Mr. Robbins, cheerful again, puts his son to bed. Paul asks him not to turn out the light, but his father reassures him that he is perfectly safe. "Please, Daddy, leave the light," Paul begs anxiously, but his father turns it off and goes downstairs.

Paul calls for a drink of water, but the father does not allow the mother to go upstairs, even though she points out that Paul may be upset over the cave incident. He protests that she is coddling him, declares that this will only encourage Paul to do the same thing again and again.

Silence falls upstairs. Presumably Paul is asleep. But even as Mrs. Robbins starts upstairs to see if everything is all right, he begins to scream. He has had a nightmare about the cave: as he peered inside, a shadow fell over the entrance—he turned to find a huge bear towering over him, and he screamed in terror. Both parents rush in to comfort him, but Paul sobs afresh at the sight of his father and burrows deeper in his mother's arms.

"Why, he's scared of *me*!" the father exclaims, amazed.

"Why don't you let me stay with him a minute?" pleads the mother, and Paul's chastened father goes.

After Paul is asleep again, his parents talk. Mrs. Robbins admits that she babies Paul, but—"I honestly think that you've been pushing him too hard," she tells her husband, and speaks of Helen Tuttle's advice. "What do you do when he sulks?" protests the father. "Are we supposed to let him

go hog-wild?" His wife finally produces the dripping Teddy bear. "Here *you* are, darling," she remarks wryly. The father recognizes that Paul has taken out, on the toy, the wrath he felt toward himself. "By golly," he says, impressed, "the Old Man better watch his step!" Both parents determine to modify their habitual attitudes toward Paul.

In a final scene Paul's father romps with him near the rocks where the boy had been frightened. Mr. Robbins tries to persuade the boy to enter the cave, but Paul refuses. He begins to insist, but remembers to be lenient. "O. K.," he says, hoisting the little boy to his shoulder and turning his back on the cave, "where do you want to go?" Paul points—"Over there," and father and son climb cheerfully to the top of the hill.

APPRAISAL

CONTENT: This production is one of a small group of mental health films which convey their message at multiple levels of understanding. The story itself is fairly simple: During the course of one day a little boy lives through a number of trying situations in which he is caught between the mother's overprotectiveness and the father's demand that he conform to adult standards. He reacts with timidity, stubbornness, and displaced hostility. His mother expresses concern over this symptomatic behavior to a neighbor and the latter passes on psychological advice which she once received from her family doctor under similar circumstances. After some resistance both parents determine to modify their unrealistic attitudes and the boy responds favorably.

Great care has been taken to develop this theme dynamically, so that unconscious as well as conscious mental processes stand revealed on the gestural, verbal, and symbolic levels. For example, we see little Paul's wish to hold his mother's attention in the gesture he makes to cut off his own pajama button while the mother sews a button on the father's shirt. We detect the reactive nature of the father's intolerance toward Paul's sulking when the father explains, "That's the one thing I can't stand—the one thing *my* father wouldn't tolerate!" Symbolic equivalence is demonstrated in Paul's attack on the Teddy bear when he cannot retaliate against his father and the nightmare in which the latter is represented as a huge and menacing bear.

With clarity and simplicity the film also shows how neurotic tendencies may be augmented, and find justification, in personal interaction. The father's severity toward Paul drives the mother to further excesses of overprotectiveness and permits her to rationalize her tendency to infantilize the boy. The mother's attitude—"He's only a baby"—increases the father's anxiety lest Paul fail to develop necessary qualities of fortitude and responsibility, and provokes him to even greater demands on the child.

In all the above respects, the presentation is in full accord with sound psychiatric principles.

Less valid, however, is the "conversion" scene after Paul's nightmare, in which the parents not only accept the neighbor's truths about the normality of aggression in little boys and the need to express it, but spontaneously understand the meaning of Paul's drowning of the bear ("By golly, the Old Man better watch his step!"). Conservative psychiatric opinion may also take issue with the implicit message that child-rearing attitudes can be changed through conscious effort alone, although it is certainly true that much may be achieved by parents who are not deeply disturbed. An indication that psychiatric or psychological consultation is sometimes advisable would have, perhaps, been useful.

PRESENTATION: The middle-class home setting is convincing—it looks lived in, in contrast to the slick and artificial settings characteristic of many recent films of this type. The acting is above average, although the mother's interpretation of her part is more saccharine than necessary. A couple of scenes are overdramatic and prolonged; for example, that of the concerned father waiting downstairs after he realizes his boy is afraid of him. The condensation of all the events in one day, save the final sequence, weakens the credibility of the story, since it is not made clear that this day is symbolic of many days in the life of the family—that it is a dramatic device, rather than an actual span of time.

EFFECTIVENESS: The outstanding quality of this film is its sympathetic portrayal of Paul's parents, whose positive motivation and wish to do what seems best for the child persist throughout, even in the midst of error. However, discussion following the film should clarify that the mother's subservience to the husband's disciplinary regime in regard to the child is no less pathological than the father's overbearing interference with her tender impulses toward Paul. Attention should also be called to her pattern of reinforcing the boy's fear of, and hostility toward, the father by reminding him, fearfully, that the father will punish him. The film is most effective in showing how fears may develop in children out of seemingly minor experiences. It demonstrates—perhaps too subtly—that certain modes of behavior become intensified during certain developmental phases in the life of the child. While it establishes the value of factual information in guiding parents, it may also tend to promote the misconception that insight into children's difficulties is possible through facile interpretation of overt behavior alone.

UTILIZATION

This film is tremendously rich from the psychiatric point of view. It is suitable for parents and educators, to promote insight into children's be-

havior; for nurses, to familiarize them with behavior often seen on the children's ward; for medical students and pediatricians, to encourage them to transmit mental hygiene concepts to parents; for students of psychology, to familiarize them with psychodynamic principles. It should also prove a valuable projective tool in group therapy sessions, preferably after a period of treatment in which patients have become familiar with symbolic interpretation.

A psychiatrically oriented discussion leader should be present at all screenings to focus attention on those aspects of the material which may escape unsophisticated audiences and to clarify some of the symbolism freely used but not always explained in the film.

(14)

THE FEEBLE-MINDED

THIS film is a lecture on the feeble-minded with demonstrations of those extreme cases of mental deficiency that are rarely found outside of institutions. Its powerful impact depends less on its technical quality, which is rather inferior, than on the dramatic content. Although the verbal information is somewhat outdated and its genetic bias makes the use of corrective comments imperative, the clinical value of the case material tends to minimize the defects of the film.

AUDIENCE: Medical students, nurses in training, social workers, students of abnormal psychology, and workers in related fields.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,362 feet, 38 minutes. *Year of Release*: 1942. *Country of Origin*: U.S.A. *Producer*: Visual Education Service, University of Minnesota, with the co-operation of Minnesota School and Colony, Minnesota Epileptic Colony, and University of Minnesota School of Medicine. *Technical Adviser*: N. O. Pearce, M.D., Assistant Professor of Pediatrics.

DISTRIBUTION: Psychological Cinema Register, Audio-Visual Aids Library, Pennsylvania State College, State College, Pa. *Sale*: $150. *Rental*: $5.00 per day.

CONTENT DESCRIPTION

A long queue of inmates at an institution for the feeble-minded passes in orderly procession across the lawn outside the buildings where they live. The patients are of various ages, and the expressions on their faces suggest inappropriate affect. The commentator states that feeble-mindedness is a familial, economic, and social problem, complicated by the proneness of those affected to reproduce their kind.

As patients are seen doing shop work it is explained that the incidence

of feeble-mindedness is relatively high and that its causes are in the following categories: unknown, interruption of central nervous system development, infectious diseases, brain injury at birth, brain damage in infancy. One of the important signs in the initial detection is the difference noted between the performance of a child with that of other children of the same age.

Several patients are seen being given performance tests while the classification of the feeble-minded—moron, imbecile, and idiot—is discussed. At the lowest level, the idiot is unable to comprehend what the examiner wants him to do but grins happily. It is stated that of the 550,000 feeble-minded children in the United States, three out of four are mentally defective because one or both parents or grandparents were mentally subnormal. Only one out of four is the offspring of normal parents.

There are eight main pathological groups into which many feeble-minded persons may be placed: hypertelorism, oxycephaly, microcephaly, hydrocephaly, cretinism, mongolism, epilepsy, and cerebral palsy. Each of these types is demonstrated and discussed, clinical material including interesting and rare cases is shown, and important features are pointed out.

Patients with anatomical features characteristic of hypertelorism and oxycephaly are seen, and it is stated that no treatment is helpful. A group of microcephalics is next shown, some of them performing very much like monkeys. Decreased head circumference is illustrated and comparative brain models show typical microcephalic human structures alongside those of the orangutan. Microcephalic twins, thirty years of age, are noted as a rarity; these sisters were born of normal parents and have normal siblings.

Several hydrocephalic infants are shown, followed by a rapid demonstration of the ventricular system of the brain by means of cast models and a diagram illustrating the points at which obstructions are more common. Encephalograms are helpful in diagnosis, the narrator says. Some hydrocephalic children, crying and appearing miserable, are shown, and the point is made that the condition is either congenital or acquired.

The next group is made up of adult and child patients with cretinism. A nurse encourages a woman patient to show her hands; two sisters are demonstrated as examples of the familial type; and a patient with congenital tumor of the thyroid is shown. X-ray films showing delay in the ossification centers are seen, and the narrator states that modern therapy is helpful in cretinism.

The mongoloid patients include a four-year-old girl, a baby, a prepuberty girl, and a man of twenty-four who obligingly sticks out a thick, deeply furrowed tongue. Identical mongolian twins—another rarity—are seen, after which the statement is made that mongols seldom survive be-

yond childhood because of low resistance to infections. No therapy has proven beneficial.

"Epilepsy is another cause of mental defectiveness." As three girls are seen having petit-mal seizures, induced by hyperventilation, it is stated that as time goes on these tend to become more frequent and severe until they resemble grand-mal attacks. The girls continue to have attacks while the narrator states that until recently therapy was of little benefit in epilepsy, discusses the incidence of the disease, and points out that only two per cent of the cases come from families in which other epileptics are known. A male patient with a nose deformed from many falls is seen suffering a grand-mal attack, and another patient has such a seizure while in bed. As attacks become more severe and frequent, it is stated, mental deficiency increases.

As the final group, cases representing various types of cerebral palsy are shown, including spastic paralyses and basal ganglia lesions, cerebellar dysfunctions, and atrophy of the brain. During this demonstration reference is also made to the pathology and etiology of the condition. A view of a patient with catatonia is inserted, to show a syndrome that should be differentiated from cerebral palsy.

The film ends with a statement that the feeble-minded in institutions and hundreds of thousands of unrecognized cases constitute a tremendous social problem. Medical science has little to offer, and social and educacational efforts fail. "The only solution is a broad program of systematic sterilization to prevent their continued propagation and the annual loss of millions of dollars spent for their care." Long lines of patients slowly walk past the reviewer, some stopping to cast a puzzled gaze, some smiling, some preoccupied with thoughts known only to themselves.

APPRAISAL

CONTENT: This film is a comprehensive lecture with demonstrations on the feeble-minded, based exclusively on institutionalized patients. However, patients shown belong mainly to that group of feeble-minded whose mental deficiency is accompanied by pronounced stigmata. The very impressiveness of the visual material makes it necessary to consider the defects of the accompanying narration at some length. Two general aspects may be explored: First, the accuracy of the factual data; second, the validity of the approach set forth in the film—namely, that feeble-mindedness is a rather hopeless problem which should be solved by sterilization.

In reference to the data, the causes of feeble-mindedness enumerated in the film are very incomplete; social and psychological causes are entirely omitted. To physical causes, no mention is made of the prenatal influence

of German measles (rubella) and epidemic encephalitis, or of irradiation of the maternal pelvis, all of which may contribute to the etiology of mental deficiency. The possibility of nutritional deficiency during gestation is not suggested in connection with the interesting presentation on cretinism. The statement that brain cells in the feeble-minded are abnormal in number, arrangement, and condition is grossly inaccurate as applied to the total population of the feeble-minded, although it may be generally true of the types shown in this film. Penrose is the authority for a contrasting viewpoint that a large group of non-institutionalized defectives show no characteristic microscopic abnormalities.

The comparison of the microcephalic brain with that of the orangutan can hardly be taken seriously. The "monkey-like" behavior of the microcephalic belongs to the realm of anecdote, rather than of science. The orangutan is not a mentally defective human being, nor does he act like one. He is capable of handling his own environment, unless he is a feeble-minded orangutan, whereas the feeble-minded human is capable of handling neither his own environment nor that of the orangutan. Thus, a mental defective is not an atavism—he is a human being with defective functioning.

The discussion of the hydrocephalics is interesting, though too highly condensed for a lay audience and too simple for a medical group. But here, as elsewhere in the film, X-rays help to promote understanding of the theory of hydrocephalus, showing the structure of the ventricular blocks.

The designation of cerebral palsy and epilepsy as etiological factors in feeble-mindedness has not been sufficiently qualified. Very often these conditions are not associated with mental deficiency. The information regarding epilepsy is somewhat outdated. Petit-mal seizures of childhood may disappear with age; grand-mal seizures do not inevitably become more severe, nor is their frequency or intensity directly related to the development of mental deficiency.

Concerning the implications of the film, the discussion of feeble-mindedness emphasizes heredity without adequately supporting this viewpoint. The list of causes of feeble-mindedness contains only one that might contain a hereditary determinant (interruption of central nervous system development), and possibly a second, a group of "unknown causes." The emphasis on heredity is combined with a tendency on the part of the narration to minimize therapeutic possibilities. The atypical population demonstrated tends to reinforce this erroneous impression. Actually, most cases of feeble-mindedness do not show gross physical stigmata, are not demonstrably products of a defective heredity, and are amenable to training for routine jobs. But the majority of cases here presented show stigmata, are not suit-

able for occupational therapy, and could not become useful members of society. Since the feeble-minded with stigmata are often infertile and usually placed in institutions which prevent the fertile ones from reproducing, the solution posited—that of sterilization—is rather unrealistic.

The film is, on the whole, a typical institutional lecture film, with the defects of its genre. It calls the patient a social problem, but the problem actually presented is that of supporting these people in institutions. The fact that the feeble-minded at the upper levels can be fitted into community life is ignored.

PRESENTATION: The film consists of vital material obviously filmed without proper script and production skills. This material is used to illustrate a lecture sound track which, delivered at breathless speed, is not limited to the description and explanation of the cases demonstrated, but crowds in a large amount of information which the film fails to present visually. The camera work and editing are amateur; one would wish for more closeups of these interesting patients, but in the main the camera is kept in one position, often far too distant from the subjects. Long and medium shots are mainly out of focus, scenes are poorly cut and assembled. Several blank frames are visible, and in one portion the heads of some of the epileptics are out of frame. Assimilation of the film is also impeded by the frequently rapid timing of cases, brain models and X-rays, especially disturbing in the section on cerebral palsy, and by the fact that the narration continually discusses non-visualized material during case demonstrations, such as the recitation of statistics, incidence, pathology, and prognosis of epilepsy while the patients are seen having petit-mal seizures.

EFFECTIVENESS: In this film the demonstration of feeble-minded patients is effective by virtue of the clinical material rather than of the use of the film medium. The cases are striking, from the extremely hydrocephalic children to the excellent demonstration of the induction of the little girls' petit-mal seizures by hyperventilation. The epileptic whose face has been badly damaged by numerous falls, but who is proud of his record number of attacks, is an ironical illustration—the more effective for the lack of comment—of the way an individual in an institutional setting may have to integrate his own defects into his self-esteem system. The demonstration of pneumo-encephalograms is of interest, as are the cases of hypopituitarism and mongolism; the latter are not always readily available for live observation.

For many students in medicine and psychology, this film may offer their only opportunity to observe patients of this type in action. With the narration properly qualified, the film offers an adequate substitute for a field visit to institutions for the feeble-minded and, for those about to visit

such institutions, may cushion the shock of seeing such misery for the first time.

UTILIZATION

The film is suitable for third year medical students, social workers, students of abnormal psychology and related fields if it is accompanied by corrective comments by a qualified psychiatrically oriented instructor. It may be used with these groups as a substitute for, or preparation for, a visit to an institution for mental defectives. It should not be shown to parents of feeble-minded children, who may be disturbed and depressed by the content. The film might also be used as a pure demonstrational aid by the lecturer, projecting it without the sound track and substituting his own observations.

(15)

FEELINGS OF DEPRESSION

(Mental Mechanisms Series, No. 4)

THIS well-produced film traces the genetic development of a neurotic depression by examining the ideational content and emotional significance of a series of experiences in the life of one individual from infancy to adulthood. Loss of the mother in childhood, an inadequate mother-substitute, and the realistic inability of a good father to compensate for the lack of maternal love in the home are seen as the chief causative factors underlying the patient's neurosis. As a dramatic, psychiatrically oriented re-enactment of an actual case history, the film provides excellent study material for lectures on psychodynamics. It is also suitable as a treatment tool in group therapy.

AUDIENCE: Graduate students and specialists in psychiatry and psychoanalysis, clinical psychologists and psychiatric social workers, medical students, patients in group therapy, lay audiences interested in mental hygiene.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,150 feet, 32 minutes. *Years of Production*: 1950-51. *Country of Origin*: Canada. *Sponsor*: Mental Health Division, Department of National Health and Welfare of Canada. *Producer*: National Film Board of Canada. *Technical Advisers*: Miguel Prados, M.D., Bruce Ruddick, M.D., Medical Staffs, Allan Memorial Institute of Psychiatry, McGill University, and Royal Victoria Hospital, Montreal. *Script and Direction*: Stanley Jackson. *Camera*: Denis Gillson. *Music*: Robert Fleming.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 18, N. Y. *Sale*: $105.

Available on loan or rental basis from many educational film libraries.

ACCOMPANYING MATERIALS: Film discussion guide, *Let's Discuss It!*, published by National Film Board of Canada. Leaflet with brief content abstract, published by McGraw-Hill.

CONTENT DESCRIPTION

The film opens on young John Murray talking to Dave, his business associate. John claims his firm is washed up because it has just lost an important account. Actually, the firm is solvent, but John is suffering from depression and views the most important areas of his life, business and marriage, with the deep pessimism characteristic of this neurosis. In a succeeding telephone conversation between Dave and John's wife, Kathe, John's difficulties are discussed with deep concern: his sleeplessness, loss of appetite, complete inability to recognize his illness, and his refusal to accept Kathe's advice to see a doctor. The commentary explains that "the doctor who will help him to recover will have to understand what John's life was like and what influences have shaped him."

The film proceeds to depict John's life and the etiology of his adult depression. He is seen as a happy infant, commanding all his mother's love and attention. When a baby brother comes, he feels that his position has been usurped and that he has lost the mother's love. Shortly afterward his mother begins to suffer from an illness destined to cause her death while John is still a little boy. In an argument with her husband one night the mother refuses to have Aunt Hilda come to live with them to help out because she's an "old busybody." John, lying awake in bed, misinterprets his parents' disagreement as "Daddy is mad at Mama because Mama's sick."

As her illness progresses, John's mother becomes increasingly irritable. She calls him a nuisance and, when he tries to help her, chases him outdoors to play. More than ever John feels she prefers Bobby, although she scolds the younger boy as well.

John turns to his father for maternal as well as paternal love. When a dog frightens him it is Father, not Mother, who consoles him. After Mother dies and Aunt Hilda comes to manage the household it is Father, not Aunt Hilda, who gives him love and support. Aunt Hilda calls him a dirty boy when he tries to win her attention by imitating Bobby's baby ways. Father encourages his manliness, takes him to the office, lets him sit at his desk "just like Daddy."

The commentary explains that the father becomes almost too important to John. Realistically, he cannot begin to meet the tremendous emotional demands of the motherless boy, and one day he will fall short. The day comes. John builds a snow house and Bobby damages it. John's smoldering rivalry toward his brother breaks in full fury. He pummels Bobby

unmercifully. When the father comes home he gives John the only beating of his life.

Things are never the same between them. At college, John prepared to become a writer, revolting against his father's wish that he follow a business career. The father dies and John, responsible for the support of his brother, sets aside his own ambitions. He leaves school to take over the business. He is like a father to Bobby; he coaches him in high school and helps him to win a scholarship. Bobby leaves for a distant university. John becomes a drudge, working day and night. When both are expected to attend a party during the holidays, John spoils his brother's fun by refusing to go, using work as his excuse.

Bobby is successful at a writing and teaching career. When he marries, John feels really alone. He longs for a warm relationship. He cannot work. When his secretary, noticing something amiss, sympathetically brings him a cup of coffee, he is so touched that he invites her out to lunch. Eventually they marry. Although John is happier than before, he magnifies his difficulties and slips gradually into deeper depression. He loses interest in his work, feels he does not deserve happiness, and even neglects Kathe in the self-absorption of his neurosis. In one scene Kathe asks him why he went alone for a walk, why he didn't take her? He replies, "I thought you might be tired of having me around all the time. Sometimes I wonder why you want to bother with me at all. So many other people are smarter, more interesting . . ."

The commentary concludes that John's behavior mystifies and exasperates the people close to him. To others he is a generous, self-sacrificing man who has struggled to further the interests of his brother, but neither they nor John himself recognize the feelings of jealousy and resentment he harbors toward Bob—feelings that are reactivated by various events in his life. His business reverses coincide with a major success of the brother—the publication of the latter's first book. By blaming the outside world for his trouble John tries to stifle the recognition that he has mean and base feelings toward Bob and the idea that he consequently does not deserve esteem and love. The commentary concludes that while a man like John may recover spontaneously, he needs the help which psychiatry is able to provide; that such help will further his self-understanding and free him to enjoy a fuller life.

APPRAISAL

CONTENT: *Feelings of Depression* is a sensitive and moving study of the etiology of neurotic depression in the life of one individual, John Murray. Several qualities combine to make the film an outstanding one.

The clinical picture of depression emerges naturally, via plot and ac-

tion, and the commentary serves as an unobtrusive interpretive link between the succeeding life scenes. The story is told with dramatic simplicity and steers a firm course between complexity and oversimplification.

The script has been written and directed with such psychological acumen that it offers a wealth of material which, though not pointed up specifically in the commentary, is understandable to sophisticated audiences as illustrative of psychiatric and psychoanalytic concepts, and to naïve audiences as valid human behavior. For example, the psychoanalytically oriented audience will recognize that when John closes his window one night to shut out the wail of passing fire engines he is symbolically rejecting the world. The layman will recognize John's action as characteristic of withdrawn individuals he has met in his own experience and through this comparison will gain some insight into the basis of such behavior. Similarly, the psychotherapist will recognize that the gesture of kindness from Kathe which awakens his interest in her—bringing him a cup of coffee—is the one most likely to touch him, since it symbolically gratifies his frustrated infantile oral needs. Although these variations on the central theme remain uninterpreted, they lend the film its strong note of authenticity.

The film convincingly demonstrates that reactive depression is based on experiences of traumatic frustration in early childhood. It also shows that depression is the end result of a process involving, essentially, reaction formations against instinctual impulses. Allowing for certain errors involved in any attempt at schematization, the process may be depicted as follows: (1) Trauma or frustration in early childhood. (2) Reactive anger against those who frustrate. (3) Repression of this anger and growing feelings of guilt for harboring repressed hostile ideas. (4) Development of oversolicitous and overprotective attitudes toward others as reaction formation against repressed hostility. (5) Failure of this mechanism under situations of stress. (6) Self-accusation and feelings of unworthiness and depression on the conscious level; the turning of aggression against the self as an extreme form of neurotic denial of unconscious hostility toward others. This concept is developed gradually throughout the film and recapitulated in its entirety by the commentator at the end.

The initial trauma suffered by John was his mother's death. This emphasizes another important psychological truth—that the seeds of neurosis may be sown in childhood through a chance occurrence and not only through inadequate child-rearing practices. Also, the film illustrates that children, when they have lost their mother and have no adequate mother-substitute, seek maternal as well as paternal love from the father, and that he cannot realistically fulfill both needs.

While the dynamics of neurotic depression are accurately depicted

in general, the genesis of John's depression is not convincing. We are told that he was a happy baby, commanding all his mother's love and affection. When he is about three or four a baby brother comes and he feels she prefers Bobby. She becomes ill and irritable and finally dies. On the basis of psychoanalytical theory, it is difficult to account for the type and severity of his neurosis, since depression is in most cases traceable to a negative mother-child relationship in the early nursing period.

The lack of clarification on this point encourages the audience to attribute primary importance to the beating John gets from his father for hitting his brother. This impression is reinforced by the fact that shortly after the beating scene in John's sixth year the story jumps to his college days. This omission—necessary in terms of the film's length—creates a parallel gap in the history of John's neurosis and its childhood manifestations. In short, since we do not see John developing his neurotic sacrificial attitudes, they seem to appear suddenly, without sufficient audience preparation. Barring these objections, the film still remains a living example of how lucidity can be achieved in the visual presentation of psychological subjects. It is regrettable that because psychotherapy in Canada is extremely limited, the commentator's final remarks on the advantages of psychiatric treatment are vague and inconclusive. Even so, *Feelings of Hostility* is a powerful argument for expanding mental hygiene facilities, wherever it is shown.

PRESENTATION: The translation of John's story into the language of the film has been accomplished with finesse. The sensitive development of the material as a whole and of individual sequences are so closely in harmony with the development of the content that it is difficult to separate the two aspects. The use of the flashback technique to tell about John's childhood seems a natural way of searching for the sources of his trouble.

The various parts in this drama are handled with skill—the performance of John the adult is a convincing and restrained job, and of John the boy a poignant one. Occasional weaknesses in individual performances are compensated for by careful direction—John's wife and his business partner are allowed a minimum of activity and a flick of a cigarette or just a glance is made to count. In this respect, it might be mentioned that the use of the telephone is relied upon a bit heavily to carry several points.

The narration is skillfully woven into the substance of the film, and the music reinforces the mood without intruding upon it. The use of the camera has been especially imaginative, adding emotional impact and power to the story, as in the telling "child's-eye view" of the stretcher on which his mother is carried away for the last time, the views of John's memorable encounter with his father—where the camera towers over him at one moment and at the next moment cowers with him—or the way the camera watches

only young John's enraged face as he beats his little brother for damaging his igloo.

EFFECTIVENESS: *Feelings of Depression* successfully demonstrates the genetic basis of neurotic depression and the psychodynamics of the depressive state in one individual. Taken from an actual case history, it depicts a series of frustrations in the life of John Murray which eventually produce classic symptoms of depression—sleeplessness, loss of appetite, and self-devaluation.

Audiences of all types will readily understand how the mother's illness prevented her from giving the little boy necessary love and warmth, that his sibling rivalry was repressed and overlaid by conscious feelings of protectiveness and solicitude for the younger brother's welfare, and that his unconscious hostility was directed against himself. Psychiatrically oriented audiences will appreciate the film's dynamic formulations and will take particular pleasure in the artistic support of the major theme by minor symbolic acts. More fully than the average lay audience, they will recognize the underlying dynamics of the boy's relationship to the father, brother, and business associate, his identification with the mother figure, and his transferred infantile attitudes from mother and aunt to Kathe, his wife. Patients in group therapy, for whom the film was primarily intended, find ample material for multiple identification and, according to reports, abreact a great deal of hostility after viewing the film.

Although it is always preferable for a trained discussion leader to supervise presentation of any psychiatric film, the commentary and visual material of this one are so clear and well geared that it is self-explanatory. Since the film is anxiety-producing, however, the presence of a psychiatrically oriented group leader is recommended to mitigate any resultant anxiety in the audience.

UTILIZATION

As an illustration of psychodynamics this film may be used in courses of psychology and abnormal psychology at the college level. As a rich clinical study of neurotic depression it is suitable for graduate students of psychiatry, psychoanalysis, clinical psychology, and psychiatric social work. Stimulating group therapy sessions may be held on the basis of viewing the film. With the aid of a psychiatrically trained discussion leader to help alleviate possible anxiety reactions, it is also suitable for lay groups interested in the field of mental hygiene.

(16)

THE FEELING OF HOSTILITY

(Mental Mechanisms Series, No. 2)

THIS is a dramatic case history emphasizing the importance of hostility in molding the character and shaping the life experiences of a girl from early childhood to adulthood. The scope of the film as a study in mental mechanisms is impaired by its narrow emphasis on the problem of hostility. Its validity as a scientific study of hostility is undermined by the lack of agreement between the rich and complex visual material presented and the superficial interpretations of the running commentary.

AUDIENCE: Patients in group therapy, students of psychology, psychiatry and social work; professional workers in the child-guidance field. Not recommended for parent groups.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,100 feet, 27 minutes (31 minutes with trailer). *Year of Production*: 1949. *Country of Origin*: Canada. *Sponsor*: Mental Health Division, Department of National Health and Welfare of Canada. *Producer*: National Film Board of Canada. *Technical Advisers*: Medical Staffs, Allan Memorial Institute of Psychiatry, McGill University, and Royal Victoria Hospital, Montreal. *Script and Direction*: Robert Anderson. *Music*: Robert Fleming.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 18, N. Y. *Sale*: $65. Available on loan or rental basis from many educational film libraries.

ACCOMPANYING MATERIALS: *Information Sheet* (prepared by National Film Board of Canada): Short summary and outline of film, with recommendations for use.

Film Discussion Guide, *"Let's Discuss It."*: Contains a short interpretation of the film, production credits, questions proposed for discussion, books and pamphlets recommended for auxiliary reading, and a list of other relevant films. The interpretation section consists of a series of such generalizations as, "People who fear affection and friendship are said to have a feeling of hostility. People with this feeling do not necessarily go through life with a chip on their shoulder, it is rather that they do not respond to friendship and love for fear of disappointment if the attachment is broken, and thus appear 'cold.'" The questions are listed without recommendations for answers, which renders them useless for untrained discussion leaders.

Interpretative Trailer (4 minutes): In the trailer, prepared for rural audiences, a psychiatrist addresses the audience, recapitulating, with flashbacks, the salient factors in Clare's childhood that fostered her character neurosis. The trailer condenses the negative generalizations discussed in the above appraisal, and in so doing emphasizes the theoretical limitations of the film.

CONTENT DESCRIPTION

Four-year-old Clare Scott and her mother are alone together in the living room of their modest home as the film begins. They both miss her father, a mining engineer, whose work keeps him away from home much of the time. Clare feels insecure and her mother, preoccupied with her own marital frustration, does little to compensate for his absence. When a letter from him arrives the mother starts to read it aloud to the child, but as she becomes absorbed she falls silent and little Clare turns away, disappointed, clutching her doll.

The father is accidentally killed, and mother and child grow increasingly dependent on each other for companionship. Clare is happy in this exclusive relationship until her mother meets another man—this time a quiet bank teller—and marries him for security.

Clare resents her stepfather for his claims on her mother's time and affection, and feels more excluded with the arrival of a baby brother. She surreptitiously pinches little George in his crib, wanders in aimless dissatisfaction about the house, and finally turns to the cookie box for consolation. Food becomes a substitute for love.

Mrs. Scott, ambitious to achieve through her daughter, sends her to a private school. Here, because of the difference in social status between Clare and her well-to-do schoolmates, the child is further isolated. She steals money from her mother's purse to make an equal showing at a charity collection, yet, even so, her classmates contribute more. She seeks love from her teacher; one day she brings her a piece of cake, but when the teacher leaves it forgotten in her desk drawer Clare weeps, realizing that she, too, cannot be reached. From this moment Clare embarks on a life course of winning regard by intellectual achievements. She stands behind the teacher's desk after school, surveying the empty classroom and mentally vowing to surpass the others and gain recognition in the only way she knows—through scholastic success.

But high marks fail to win Clare the love she needs. When she brings home her report card the mother gives her a perfunctory kiss and hurries out of the kitchen to tell her bridge club, using the child's success as a means to gratify her own vanity. Ignored, Clare watches from the doorway, starts to take a piece of cake but, losing interest, goes to her room to read, instead.

In high school, even when boys are attracted to Clare she cannot hold their interest, for by now she is too cautious, too reserved, too critical in her attitudes toward others. At home she behaves contemptuously toward her less gifted stepbrother, George. The mother, hostile toward her husband for his failure to get ahead, urges that Clare be sent to college. Clare feels

used. When a playwright visits Clare to discuss something she has written, the mother monopolizes the visitor and Clare allows herself to be excluded, since for her to compete is to destroy.

The family life is stagnant; it lacks warmth and closeness. George whines over his homework and plays hookey. The mother protects him without strengthening him. When the father comes home, supper is not ready—his wife devaluates him and he dozes the evenings away in his chair. At breakfast she reads him depressing news from the paper and when he ignores her and rushes off to work she worries whether she is growing old and unattractive. He curbs his hostility in the home and takes it out on subordinates at work.

Only at college does Clare finally establish some positive contact with others. Working on the staff of the school paper, a wise teacher shows her how to direct her critical abilities into constructive channels. Clare sits in a soda parlor with another boy and girl. They chat amiably as she corrects the boy's manuscript, but when she has finished the couple go off to dance and Clare is again alone. After graduation she works in the publishing field, rising rapidly to a responsible position. In her private office she reads a dutiful postcard from her brother. After work she strolls past a movie house, glancing at the happy couples that brush by. At home in her tastefully furnished apartment she breaks the silence by playing a record on the phonograph. Clare is a "success" to outward appearances, but her private life is empty and desolate.

APPRAISAL

CONTENT: This film cannot be fairly appraised without presenting, at the outset, some facts relevant to its production. It is the second of a series entitled *Mental Mechanisms* and was originally intended for use in group psychotherapy to evoke identificatory and projective reactions, with their concomitant affects, in patients assigned to this specific therapeutic setting. Subsequently, the title *Feeling of Hostility* and a running commentary interpreting its psychodynamics chiefly in terms of this title were added. A four-minute trailer summarizing the film in the same vein was also provided for use with rural audiences. The film was then made available for distribution to general, as well as professional, audiences.

Prior to this addition of commentary and title, the film was a rather straightforward demonstration of the genetic principle—that is, the hereditary, familial, and social factors determining the character and life course of one individual, Clare. As such, it is well conceived and convincing. Because it is dramatically and situationally rich and includes a number of individuals in the family constellation with whom patients may identify, it affords an excellent stimulus for group therapy reactions.

Structurally and dynamically, the visual portion of the film is an adequate portrayal of mental mechanisms. But the commentary subverts this general message, reinterpreting the psychodynamics simplistically and often with very little relationship to what appears on the screen. For example, it is difficult to understand why Clare, who obviously shared a close and interdependent relationship with her mother, should have been so alone after the latter's second marriage, especially when the parents—according to the commentary—"admire her success but see it chiefly as their own," and when her achievements "bring back her mother's own adolescent dreams." Why do mother and child appear so happy together in the early years? Why is the mother so self-absorbed as Clare grows older, and why does she seem to prefer George, who is not only less intelligent than Clare—hence, less capable of gratifying the overweening ambition attributed to the mother—but who is also the child of a man the mother apparently loves less than she loved Clare's father? Certainly there may be valid explanations for these and other obscure points, but they are not dealt with and, moreover, are emphasized as contradictions by the very superficiality of the commentary.

Part of the film's limitation also stems from the fact that intermediate connections between the subjects' overt behavior and the unconscious mechanisms operating within them are rarely established. This is, of course, related to the general problem of describing unconscious processes through the visual medium. Clare's childhood eating symptom is handled in the following manner: "Home is no longer what it was. She resents having to share her mother. She feels neglected. Hungry for affection, she tries to gain satisfaction through eating. Food becomes very important to her when she is unhappy." The quick transition from mention of Clare's resentment to her eating allows for misinterpretation that the eating is a direct expression of resentment or hostility, rather than a compensatory mechanism growing out of other feelings as well—that is, a neurotic *compromise*. By contrast, the explanation of her stepfather's outburst at a co-worker is excellent: "Weak people express their resentment where it will do them least harm. He is angry at his wife but he takes it out on a subordinate. This avoids trouble at home but his relationships with others suffer."

By dealing inadequately with the multiple determinants of Clare's character neurosis the commentary conveys the impression that her ability, which ultimately finds expression in creative and socially useful work, is a simple sublimation of *hostility*: "For the hostility which in her is directed into constructive effort, in others may be turned against their neighbors to their great harm and unhappiness." This viewpoint, moreover, suggests that a socially sanctioned resolution of neurotic difficulties is largely fortuitous.

In neglecting those positive parental influences which must necessarily be present to make possible such a resolution, instead of fostering delinquency, for example, it also places a disproportionate burden of guilt on parents who, like Clare's, are not deliberately punitive or extremely rejecting toward their children. In this connection it is important to mention that neither the film commentary nor the summarizing remarks of the trailer offer constructive alternatives to the mother's treatment of Clare, although the trailer suggests that people like the adult Clare can be helped—by implication, through therapy.

PRESENTATION: In order to cover meaningfully the span of years contained within this story, great economy of action has been necessary and much of the dramatic content has had to be implied rather than unfolded. This problem has been handled with outstanding skill. Documentary in style, the film has drawn its actors, with the exception of the mother, from the ranks of non-professionals. They have been cast to type and play their roles with striking conviction. This, plus an intelligent and fluent use of the film medium, allows the story to tell itself rather than leaving the burden upon the narrator. The fact that all outdoor scenes, throughout the years covered by the story, are winter scenes, is probably a result of some expediency of production, but it has the effect of adding bleakness to the life of Clare—an accidental effect. In any event, the visual portion of this film has the touch of true life.

EFFECTIVENESS: As a straightforward case history of the development of a character neurosis or a dramatization of a variety of mental mechanisms, the visual portion of the film is completely adequate. The running commentary minimizes its effectiveness by narrowing the focus of attention to the problem of hostility. Generally speaking, the film attempts too much within the framework of the subject matter it purports to explain. It should prove a valuable stimulus, in first-year psychiatry courses, for discussions of general psychological mechanisms, provided a trained instructor is present to correct the misconceptions inherent in the commentary. Group therapy patients benefit from seeing it because it presents a variety of personalities with whom they may identify, as well as numerous situations into which they may project themselves. Since the film offers no solutions to the problems presented it tends to arouse anxiety and hostility in lay audiences and has provoked considerable anger in parents—especially mothers—to whom it has been shown.

UTILIZATION

With a qualified psychologist, psychiatrist, or psychoanalyst present to lead discussion and correct the implicit and explicit misconceptions in the

commentary, this film should be of value to patients in group therapy,[1] to students of psychology, psychiatry and social work, and to professional workers in the child guidance field. Because of its negative treatment of the subject's parents it is not recommended for parent groups.

[1] PRADOS, MIGUEL: "The Use of Films in Psychotherapy", *Am. J. of Orthopsychiatry* 21:36 (January) 1951.

(17)

THE FEELING OF REJECTION

(Mental Mechanisms Series, No. 1)

THIS is a splendid re-enactment of the case history and treatment of a young unmarried woman whose presenting symptoms—headache, nervousness, and fatigue—have no organic cause. In a series of psychotherapeutic sessions she discovers how her developmental experiences have fostered an overwhelming sense of inadequacy and have led to gradual inhibition of all activities that might offer emotional satisfaction. Dramatically convincing and scientifically authentic, the film unfolds the etiology of the patient's behavior, the modification of neurotic patterns through treatment, and the consequent alleviation of her physical symptoms.

AUDIENCE: Patients in group therapy, students of psychology, psychiatry, social service, nursing and education, parent audiences, child study groups.

PRODUCTION DATA: 16 mm., black-and-white, sound, 750 feet, 21 minutes. *Year of Production*: 1947. *Country of Origin*: Canada. *Sponsor*: Mental Health Division, Department of National Health and Welfare of Canada. *Producer*: National Film Board of Canada. *Technical Advisers*: Medical Staffs, Allan Memorial Institute of Psychiatry, McGill University, and Royal Victoria Hospital, Montreal. *Script*: Bruce Ruddick, M.D. *Director*: Robert Anderson. *Camera*: Dennis Gillson. *Music*: Robert Fleming.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 18, N. Y. *Sale*: $65. Available on loan or rental basis from many educational film libraries.

ACCOMPANYING MATERIALS: Information sheet, published by National Film Board of Canada, containing (1) credits, (2) summary, (3) content outline, (4) suggested uses.

CONTENT DESCRIPTION

The film opens on Margaret, age twenty-two, the elder of two children. She has headaches, stomach upsets, and other common neurotic complaints, none of which have been found to have an organic basis. In the office of a psychiatrist she relates one circumstance under which a recent severe headache occurred: We see her leaving her office after work, and as she passes a

movie house she decides to see the film later in the evening. At home, while the family is relaxing before dinner, the mother reproaches Margaret's exuberant teen-age sister for sitting on the arm of her father's chair and peremptorily asks the father whether he has fixed the furnace. As the family finishes eating, the sister begs off doing the dishes because she has a date and Margaret volunteers. Then, abandoning her plan to take in the movie, she irons the wash for her mother and gradually develops a splitting headache which forces her to bed, suffering and distraught.

"Weren't you disappointed not to see the movie?" queries the psychiatrist.

Margaret goes on to tell another anecdote. A flashback shows her in the office. She had intended shopping after work for a new blouse to wear to a much-anticipated office party. Her supervisor, however, asked her if she would do some extra typing when five o'clock came around. Margaret couldn't refuse—we see her working alone at her desk in the bare, cheerless office as the commentator remarks, "She finds no comfort in agreeing, she simply cannot disagree." As a result, Margaret shops hurriedly during her lunch hour the next day and allows the salesgirl to talk her into buying a blouse she really dislikes. The commentator points out the patient's inability to say "no" and the fact that she accepts other people's choices. At home Margaret tries on the blouse. She looks in the mirror, states flatly, "I hate this blouse," and sinks dejectedly on the bed, her head aching.

On the analytic couch (actually an examination table) Margaret tells her life story, and she is seen in various situations which dynamically retrace her development. She speaks of an adolescent friendship with a more popular girl, of her joy at her friend's skill in basketball. "But," remarks the commentator, "by living through her friend she cannot satisfy her own need for expression." When her girl friend socializes with boys, Margaret steps aside. And when Margaret passes her erstwhile chum in a group with a boy who had taken Margaret out occasionally, she passes by without greeting them, feeling that they did not wish to speak to her.

The patient also tells of her great wish at twelve to play the role of the princess in a class play, how she pirouetted before her mirror at home imagining herself in the part and how, when the school tryout came, she forgot her lines—"afraid to compete for fear she might lose friendship."

Back in the psychiatrist's office Margaret appears more relaxed on the couch. With the doctor's help, explains the commentator, she is coming to understand herself.

The patient's early childhood is depicted. At three years she is already clinging to her mother for safety, for the mother has frustrated her curiosity and healthy temerity in numerous ways. Little Margaret stirs a pot on the

stove, the mother restrains her for fear she will burn herself; she picks up a knife, the mother fears she will cut herself; she handles the scissors, the mother warns her that she will cut off her fingers; she swings on the gate, the mother stops her for fear she will fall. As a result, "she depends too much on her mother's approval, avoids all activities which seem dangerous or which her mother wouldn't like," summarizes the commentator.

When the little sister comes, Margaret attempts to retain her parents' interest by competing actively and succeeds only in irritating her non-understanding parents. "Mummy and Daddy don't love little girls who show off," they admonish. She tries to show her drawings and they rebuff her with indifference or impatience. Margaret is relegated to her corner, a lonely little figure surrounded by her toys. "Margaret learns to be a *good* girl." By the age of eight the patient is a "model child who never learned to grow up. But a model child does not necessarily become a happy adult." We see Margaret compulsively tidying her room. "She's a good girl," her approving parents nod to each other as Margaret docilely wheels her baby sister in the carriage.

Through treatment Margaret "learns to work out her difficulties in a group and to express herself." At a shoe counter a salesman tries to persuade her to buy a certain pair of shoes. Margaret is about to capitulate—she hears her mother's voice, mentally; then a new note of self-assurance enters her voice as she refuses: "No, as a matter of fact I don't like any of those."

Margaret's headaches bother her less now, says the commentator. We see the patient holding her own, animated and conversational, in a luncheon group. "Some lessons of childhood can be learned too well," summarizes the commentator, "leading to upsets in adulthood."

APPRAISAL

CONTENT: This is the first of the Canadian *Mental Mechanisms* Series and was originally intended as a projective aid in group psychotherapy. Once in general circulation, however, it gained widespread recognition for its skillful translation of a theoretical subject into a clearly delineated and highly relevant case history. Many consider it the best of the series and the film holds its own with more recently produced mental health films.

With a minimum of time and visual circumstance, Margaret's headaches and exhaustion are related to her psychic constitution. Her first associations on the analytic couch (in this case a rather awkward-looking examination table) show how the headaches are immediately connected with her family and work situation. From here on the re-enacted case history penetrates ever more deeply into her past. Beginning with a current experience, all the elements contributory to Margaret's condition at various devel-

opmental stages are dynamically reconstructed in action: her dependence on the mother, her inverted, self-damaging rivalry with the sister, her frustrated effort to achieve rapport with the father, the mother's dominant role in the household, and the patient's attempt to win acceptance by acquiescence and chronic denial of her own emotional needs. The flashbacks which largely comprise the film are interrupted by brief scenes in the psychiatrist's office which disclose Margaret's increasing relaxation and her active participation in the therapeutic process. By juxtaposing her present predicament—inability to refuse an unpleasant task or to counter an imposition—with her unsuccessful demand for love and acceptance in childhood, the film succeeds in demonstrating Margaret's ever widening pattern of neurotic adaptation.

The confused identifications of the patient are skillfully portrayed; Margaret is like her mother in the prohibitions she sets on pleasurable activity, and indirectly she tries to derive the satisfactions of her popular sister through passive identification with socially adequate schoolmates. The sharp cleavage between her childhood fantasies and her experiences in reality is boldly suggested in the gay princess pantomime before the mirror at home and the broken recitation of her lines at school.

This deft re-creation of Margaret's life history bears the stamp of psychological, artistic, and scientific verity.

PRESENTATION: Four factors distinguish the art of this dramatized case history: its purely visual nature, its economy of means, its story construction, and its lucidity of interpretation.

The prohibitions imposed by Margaret's ambivalent mother cumulate in a way that arouses understanding and sympathy in the audience. The sequence showing the repeated rejections of the affection-seeking child, till finally she is seen, in a distant shot, in the corner of a room imprisoned among her toys, is a classical achievement in visual rendition of a subjective experience. This deeply felt subjectivity is apparent in the way the camera repeatedly, and like a good parent, searches Margaret's face to show her anxious expression and its gradual relaxation as therapy progresses. This relaxation is counterpointed by her increased social ease. The musical score is impressively appropriate, rising to a shrill dissonance in those scenes that express mental anguish.

If anything is unclear, it is that the spare—but generally adequate—commentary does not emphasize that a treatment process such as this does not take place of itself alone, but that it must be conducted by a trained psychotherapist. The absence of verbal activity on the part of Margaret's therapist might lead one to think otherwise. The use of an examining table as an analytic couch might reinforce the conception that a general

practitioner could with some confidence undertake this type of treatment. The very clarity of the film may also tend to make the process seem easier, more orderly, and more comprehensible than it is in actuality. The fact that the patient sits up more and more during the course of analysis is also a dubious device to indicate progress, for such a postural change might equally well signify resistance to treatment. An interesting though not really accurate process from the psychiatric viewpoint is the chronological regression of the patient in treatment; Margaret's recollections are of ever earlier periods of her life as the film progresses.

EFFECTIVENESS: The dramatic visual quality and beauty of its presentation make this a highly effective film. Instructors and group leaders find that it teaches people how the events of childhood influence later life; that talking through one's problems helps, and that there is hope for emotionally disturbed persons. The camera is a sympathetic eye reviewing the predicament of the patient, scanning her face and her past for the structure and meaning of her character. Its very virtue, psychological richness, requires that the film be understood by more than spontaneous empathy with the patient; interpretation of the various layers of meaning implicit in the scenes is equally necessary for fullest appreciation. This analysis should be developed by a competent medical therapist or clinical psychologist following screenings of the film.

UTILIZATION

Although primarily intended for use by psychiatrists with patients in group therapy, the film is suitable for study by classes in psychology, psychiatry, social service, nursing, teacher training, and other academic groups. It is also appropriate for mental health orientation of parent audiences and child study groups, though with relatively untrained persons it should be supplemented and amplified by a trained discussant.

(18)

FRUSTRATION PLAY TECHNIQUES

(*Studies of Normal Personality Development Series*)

THIS motion picture demonstrates several projective games developed by the late Dr. Eugene Lerner for psychological testing of children. It consists of *Part I*: *Ego Blocking Games,* and *Part II*: *Frustration and Hostility Games.* The verbal and behavioral responses of several normal boys are recorded, along with interpretations of the experimenter. From the presentation standpoint the film is mediocre, but the material is valuable

as an instructional aid in demonstrating the use of play techniques for personality study and clinical diagnosis.

AUDIENCE: Psychologists, psychiatrists, pediatricians, students of medicine, psychology and psychiatric social work, teachers (with supervision). Not valuable for general audiences without extensive planned discussion.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,278 feet, 35 minutes. *Year of Production*: 1942. *Country of Origin*: U.S.A. *Sponsors*: General Education Board and Josiah Macy, Jr. Foundation. *Producer*: Department of Child Study, Vassar College. *General Direction*: Mary S. Fisher, Ph.D. *Production Supervision*: Lawrence Joseph Stone, Ph.D. *Technical Direction*: Jules Bucher. *Experimenter*: Eugene Lerner, Ph.D.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $110. *Rental*: $7.50 per day.

ACCOMPANYING MATERIALS: (1) A 16-page printed pamphlet, *Explanatory Notes on the Series of Films* (including *Finger Painting, Balloons, Frustration Play Techniques,* and *This Is Robert*). The pamphlet was prepared by Mary S. Fisher, Chairman, Department of Child Study, Vassar College, and Lawrence Joseph Stone, Research Editor, Assistant Professor, Department of Child Study, Vassar College. It contains four sections describing the theoretical orientation of the Vassar films, recommended method of utilization, concepts underlying the films, and accurate condensed descriptions of the films themselves. (2) A 5-page reprint of pictorial synopses of some of the Vassar films, from *Psychology and Life,* by Dr. Floyd L. Ruch, published by Scott, Foresman & Co., 1948.

CONTENT DESCRIPTION

The film begins with an introductory title: "Young as they are, each of these normal, healthy children is already a unique person. Born different, each has organized different experiences into his private world. Each has developed his own pattern of personality. This pattern—complex, unique, and apparently obscure—is constantly revealed in the child's own language of behavior, a language these films can help us learn."

Part I: *Ego Blocking Games.* Dr. Lerner sits at a desk reading from a manuscript: "A child's developing personality may be revealed through the manner in which he acts and talks when confronted with playful obstacles." In the ego blocking games the child cannot complete what he starts out to do. The play units are described. They include "Car Meets Car," "Doll and Car," and "Doll in House." The child is allowed to show signs of aggressiveness, timidity, inflexibility, or resourcefulness in the play situations. "Is he realistic or dreamy, stolid or impulsive, friendly or hostile?" the experimenter asks; he then states that by having the child play each of the games three times a partial answer to these questions is sought.

As Dr. Lerner discusses the play units and their significance he demonstrates materials used: cars, blocks, and dolls.

The next play units are "Doll on Car," "Cars Crash," and "Who Gets There First?" In these the child has more of a chance to get the upper hand if he so chooses. The experimenter arranges the blocks to form a symbolic house. "Does he enjoy having the adult set bindings which he then can break through, or does he feel a need for being a well-balanced conformist?"

The first child, Ralph, is seen in the play situation. He rolls on the floor playfully as the experimenter confronts him with the different play units. He does not allow the experimenter's car to pass, and on the third trial runs his car over the doll in the "Doll and Car" setup. The experimenter explains that a year earlier Ralph was more passive and submissive.

Another boy, Sam, is compared. Sam is more aggressive and turns the question of how the experimenter's car can pass into one of how *he* can pass. Sam is distracted at one point, talking about the mud on his knee. Next comes "a vigorous child who has been excessively repressed in early childhood"—Robert. He moves about very rapidly and jerkily and throws his car several times into a hedge.

Ralph is shown again, this time with the "Doll on Car" unit. He does not allow the experimenter's doll to get on his car "because I'm going too fast." Another boy, Malcolm, handles the same situation in a more adult manner by telling the experimenter that he allows the doll to ride, but in the back only, since he must drive in front.

In the "Doll in House" trials Ralph does not let the doll enter the house and later breaks the door down when it is the doll's turn to enter. The experimenter explains that Ralph shows more open resistance here, while Malcolm has a more mature way of handling the situation.

When the experimenter introduces the game, "Who Gets There First?" Ralph's car wins. Malcolm sees that there is one draw in the three trials, since he "has to be sure to keep the experimenter's good will."

Part II: *Frustration and Hostility Games.* At his desk Dr. Lerner again reads from a manuscript: "Here the child has a chance to play for short periods with a succession of interesting toys, and at the end with all of the toys at once." The adult blocks the child's play by asking questions: "What shall I do? Which is yours? Which is mine? Which is nicest, yours or mine?" The play is terminated by putting away the toys and a stick is handed to the child no less than six times between successive play units. The experimenter states: "Getting the same uninteresting stick after the attractive toys have been put away represents life's more oppressive and boring aspects." Then he discusses what the child may be able to show when given a stick under such circumstances. Some children "may be only too ready to blow off steam," others may be bent on controlling hostility, fear,

or guilt. How the child copes with the situation "helps us to understand the kind of person he is at home or in nursery school."

Ralph says that all of the toys are his. When given the stick he breaks it into several pieces, explaining that he wants to build a bridge. The experimenter and Ralph play with two toy telephones for a moment; then, when given the stick again, the boy throws it on the floor, saying that he is "not going to do anything with it." The experimenter compares this response with Ralph's inactivity when given the stick in a test one year before. Flashbacks of the boy handling the stick a year earlier are seen: he handles it gingerly, bends it but does not break it. By contrast, another boy, George, takes the stick, beats the floor, throws it in the air, hits the experimenter, breaks the stick and then throws the pieces away. George "handles his emotions more directly."

In conclusion Dr. Lerner states that these play techniques are useful "because they reveal characteristics which may not be seen as readily in school or at home." Learning something about each child's picture of himself can "help us plan for a more balanced and rational management of emotional energies of human beings."

APPRAISAL

CONTENT: This film demonstrates projective play techniques for child study. The frustration games seen were developed and are presented by Dr. Eugene Lerner of the Sarah Lawrence College Nursery School as part of a study of normal personality. The film was made for the purpose of showing how play situations reveal behavior trends in young children, but it also serves as a record of the type of activity displayed by the children in the film at various ages. Thus the procedure demonstrated yields a record of individual development.

Since the material consists of factual information, refined film technique is subordinate to the subject matter. The treatment of the latter deserves comment. To demonstrate the play techniques an auditory and visual record was made showing the interaction between psychologist and subject during given periods of observation. For some scenes little explanatory narration is needed by the trained observer, but the interpretation of the children's behavior and verbalizations is an intrinsically valuable element in the film.

Throughout the presentation the psychologist who designed and administered these projective methods relates the purpose underlying the technique and his analysis of what the child is doing and why he is doing it. This enriches and validates the visual record.

Just as a recording of an unprepared conversation points up characteristic relational attitudes and speech devices of each participant, so the

framework of the play test highlights behavioral patterns of the child in relation to the adult. We observe Ralph's growing self-confidence in a single situation and also as compared to his response to the same test one year earlier. Sam turns the experimenter's question and tries to change the subject, while Robert responds with a physical attack on the experimenter.

Comparing the behavior of selected children in a motion picture without the support of extensive anamnestic data may be open to question, but the sheer demonstration of test responses is of interest whether or not the viewer accepts the interpretations of the psychologist. In the shots comparing Ralph's handling of the stick, it is apparent that a year previously he dealt with the same problem quite differently. While some may raise the question of insufficient data (for example, such a difference also manifests itself if a child is ill and listless one time and well and animated the next) it may safely be assumed that this trained clinician took such factors into account.

Even though significant differences in aggressivity and passivity are evident in the children's responses, the fact that they fall within the so-called normal range is established in the opening title of the film, where Ralph, Sam, Malcolm, and George are referred to as normal, healthy children.

PRESENTATION: Although technical aspects of presentation are secondary to the content in this type of film, several points bear mention. A considerable amount of film footage is wasted in static shots of Dr. Lerner reading from the manuscript. The demonstration of the blocks, dolls, and cars takes place at too great distance for clarity; closeups could have been effectively intercut. Lighting and camera work are adequate in most scenes of the children in the play situations, although here, too, frequent use of closeups showing their expressions would have increased the film's value as a clinical demonstration.

The editing is visually choppy, but the commentary makes the transitions more tolerable to the viewer. Even in a film which presents scientifically worthwhile material, the viewer's needs should be considered when presenting a film of considerable length. The shots of the "vigorous boy," Robert, appear to have been taken at 16 frames per second, but are shown in this film at 24 frames per second. The result is an overly active, jumpy, and rapidly moving little boy who probably was not quite so animated as he seems.

Though usually good, the sound is at times garbled. It is obviously difficult to obtain good recordings under such experimental situations, but many of the important remarks of the children are inaudible.

EFFECTIVENESS: With all its technical faults, *Frustration Play Tech-*

niques effectively proves the value of the motion picture in obtaining audio-visual records of human behavior for study and evaluation. The film is useful as a teaching aid in child study classes of undergraduate and graduate level for the following reasons: (1) It demonstrates a series of clinically useful tests to evoke typical individual responses by the child to an authoritarian figure. (2) The ease and friendliness with which the experimenter works, his capacity for initiating and terminating activities without provoking too much confusion, hostility, or loss of interest in the children provide a model of desirable procedure. (3) The responses of the subjects and the psychologist's interpretations yield valuable material for discussions on psychodynamics, on mechanisms of frustration, aggression, and withdrawal, on symptomatic behavior, verbalizations and body language, and on various aspects of ego development.

UTILIZATION

This film is suitable for students of psychology, psychiatry, medicine, and psychiatric social work. Pediatricians, graduate nurses, and elementary school teachers will find it of value when it is incorporated in a planned course of study on child psychology. In all cases the film should be shown by a psychologically or psychiatrically trained discussion leader. (For those concerned more minutely with the data the scene in which the apparent difference in film speed makes one of the boys move very rapidly should be verbally qualified.) Because of its technical framework the film is not recommended for lay audiences without extensive preparation.

(19)

GRIEF: A PERIL IN INFANCY

(From *Studies of the Psychoanalytic Research Project on Problems in Infancy*)

THIS film is a documentary report of the effect on infants of prolonged separation from the mother or mother-substitute during the first year of life. It observes the development of reversible depressive behavior patterns during absence of the mother lasting up to three months, and of psychotic symptoms and grave mental and physical retardation during her permanent absence. The effect of restoring the mother is also illustrated. Despite some technical shortcomings, the film provides an excellent opportunity to make firsthand observations on clinical material rarely seen and will also awaken audiences to the importance of mothering during infancy.

AUDIENCE: Psychiatrists, psychologists, pediatricians, general practi-

tioners, penologists, sociologists, medical students, nurses, social workers. Especially useful in connection with college-level courses in child development. May also be shown to general audiences above the high-school level, if a trained discussion leader is present.

PRODUCTION DATA: 16 mm., black-and-white, silent, 850 feet, 35 minutes. *Year of Production*: 1946. *Year of Release*: 1947. *Country of Origin*: U.S.A. *Author and Producer*: René A. Spitz, M.D., in collaboration with Katherine M. Wolf, Ph.D. *Camera*: René A. Spitz, M.D.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $150. *Rental*: $4.50 per day.

CONTENT DESCRIPTION

The introductory titles state that the samples of behavior contained in the film are characteristic of infants subjected to the conditions described.

I. The Baby Loses Its Mother—A child, Jane, noted for her good relations with her mother is shown greeting the male observer. She is alert and active and smiles happily when approached. The next scene is taken a few weeks later, one week after Jane's mother is forced to leave her under professional care. The approach of the observer now elicits bewilderment, then disappointment, and finally weeping. Titles explain that Jane's apathy and weeping last throughout the three-month period of her mother's absence.

The consequence of separation from the mother is illustrated with a second case. A responsive, happy seven-months-old child is shown actively socializing with the observer. A few weeks after separation from the mother, the child is apathetic and disinterested in the observer's advances. At a later visit, the child, by now eleven months old, lies dejected and withdrawn, and is unresponsive and disinterested. When approached, it begins to weep, and though reassurance silences the weeping somewhat, the facial expression remains impassive and cheerless. The departure of the observer precipitates another outbreak of weeping and distress. A third child, three months after separation from the mother, hides his face and curls up in a withdrawn attitude.

II. Babies Reared Without Mothers—If the separation of mother and infant lasts longer than three months, the child becomes apathetic, withdrawn, and no longer weeps but wails thinly. Lasting personality changes may result. Representative cases are selected from 91 children at a foundling home, all of whom lost their mothers during their fourth month. At the home, they have been given excellent hygienic, nutritional, and medical care, but no "motherly love." Six children are shown, ranging from eight to fifteen months in age; none is able to sit or stand. Among these, an eight-

months-old pair of twins reveals retarded behavior; one acts like a three-months-old infant and the other is completely passive. Other babies show bizarre movements reminiscent of psychotic disturbances. A fifteen-months-old infant, who appears to be three months of age, is an example of these children who do not develop properly and easily succumb to disease.

III. The Cure: Give Mother Back to Baby—The last child seen in Part I is shown a few days after the return of his mother. He greets the observer with good-natured curiosity. Jane, following her mother's return, is seen to be happy and playful. Two other children in the same situation play together gregariously in their cribs. In a nursery, many such children, all under a year of age, play exploitatively together.

Titles stress the difference between these children, all of whom are less than one year old, and the "human wrecks" seen in Part II. "It is the emotional climate created by the mother which enables the child's mind to develop normally. Where this emotional climate is lacking, the baby's mind cannot develop properly. If it grows up, it may become mentally impaired, asocial, criminal, or insane." The results of a good emotional climate are manifested in a ten-months-old infant who displays initiative and resourcefulness by climbing from his own crib into a neighbor's.

APPRAISAL

CONTENT: The film provides exceptionally clear and vivid pictorial documentation of the thesis that the emotional climate surrounding the infant is of critical importance to his health and growth. The film assays to demonstrate the effect of emotional deprivation in the form of loss of mother or mother-substitute on young infants. The development of a depressive reaction which typically results from the absence of a mother for periods lasting up to three months, and the remission of the symptoms including grief, apathy, weeping, and developmental failure, when the mother returns, are shown. The graver and more permanent retardation, accompanied by symptoms of physical and mental disorder, when the separation from the mother exceeds the critical three-month interval, is also reported. The film consists entirely of actual clinical material, much of which is not generally available even to professional persons.

From the point of view of sheer dramatic effect and poignancy, the examples have been well selected and are highly charged with affect. In each of the cases filmed, the grief reaction is clearly visible and the symptoms can be readily identified. In some of the cases the syndrome is so striking that some professional observers may become doubtful that consequences so drastic are attributable entirely to loss of mother love.

Unfortunately, the film itself does not provide sufficient information to

answer such doubts. Details regarding experimental controls and the method used in selecting subjects and behavior samples are not provided. The amount of time and attention given each child is not indicated, thus leaving unanswered the question of just how much, if any, "mother love" the institutional environment provided.

PRESENTATION: *Grief* is an on-the-scene camera record of observations of the appearance, behavior, and responses of institutionalized infants, carefully selected from motion pictures made during a series of researches on the problems of infancy. The film is interspersed with a great number of explanatory and descriptive titles.

Visually, the film is commendable for its lack of pretension and its straightforward approach. The camera is employed simply and intelligently, though not professionally, and ample time is allowed to study each case. The film was probably taken under difficult conditions, but even within the limitations imposed by filming in institutions the possibilities of the medium were not sufficiently realized. The camera is handled somewhat rigidly, and angles are not always chosen for clearest observation of the children. A more liberal use of closeups would have revealed the children's expressions more clearly. Much of what the picture has to say is restated in titles. In general, the titles are unnecessarily long and often repetitious. They avoid scientific language and appeal to the emotions, probably to adapt the film to non-technical audiences. The final portion of the film is less interesting and appears somewhat anticlimactic and irrelevant.

EFFECTIVENESS: The film provides an effective means whereby the serious consequences evolving from emotional deprivation during infancy can be demonstrated to both professional and non-professional audiences. It quite successfully adds substance and illustration to a point of view which has been widely documented in published research studies and has a very broad range of application and appeal. Although the camera record of the cases is most impressive and convincing, the film does not succeed as a research record because it fails to provide sufficient information about the conditions under which the observations were made.

For an adequate appraisal of the scientific value of the work of which the film is a record, a careful reading of the published papers of René A. Spitz is essential. (See list below.) The film itself must be regarded from a research point of view as an illustrated supplement to these papers. The titles of the film, because of their length, wording, and repetitiousness, may be found distracting by professional audiences. Nevertheless, the film will prove of great interest to psychiatrists, psychologists, pediatricians, and

researchers in child development, who will find the raw data new and provocative. As to the film's effects upon general audiences, especially upon parents and prospective parents, it reintroduces a desirable antidote against attitudes which, often based upon academic experimentation, overlook the need for warm maternal contact. The film will provide general audiences with a clear and unequivocal demonstration of grief in infancy which, however, is likely to provoke strong affective reactions and anxiety. A certain amount of reassurance and elaboration by a competent discussion leader will therefore be required.

UTILIZATION

Psychiatrists, psychologists, pediatricians, psychoanalysts, psychiatric social workers, medical students, nurses, and physicians in general will find that the film contains firsthand clinical material which they will not ordinarily have an opportunity to experience. It should also be shown to penologists, social workers, and all others concerned with the welfare and placement of young children. It is a useful adjunct to college-level courses in child development, personality, abnormal psychology, and the sociology of the family. In the presence of a trained discussion leader, the film may be shown to general audiences above the high-school age level.

BIBLIOGRAPHY

The following papers by Dr. René A. Spitz relate to the subject of the film.

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"Environment versus Race as an Etiologic Factor in Psychiatric Disturbances in Infancy", *Arch. Neurol. & Psychiat. 57,* 1947.

"The Importance of Mother-Child Relationship During the First Year of Life", *Mental Health Today,* January-February, 1948.

"Are Parents Necessary?", *Medicine in the Postwar World,* Columbia University Press, 1948.

"La Perte de la Mère par le Nourrisson", *Enfance,* No. 5 (November-December) 1948.

"The Role of Ecological Factors in Emotional Development in Infancy", *Child Development 20,* 1949.

"Psychiatric Therapy in Infancy", *Am. J. Orthopsychiatry 20,* No. 3 (July) 1950.

"Ueber psychosomatische Epidemien des Kindesalters und vorbeugende Psychiatrie", *Psyche 4,* No. 1, 1950.

(20)
HYPNOTIC BEHAVIOR

THE film shows induction of hypnotic trance, eye and arm catalepsy, abnormal sensory illusions, trance awakening, posthypnotic amnesia and posthypnotic suggestion. This demonstration by an experienced hypnotist and two unrehearsed subjects, chosen for their suggestibility, provides excellent study material for lectures dealing with mental dynamics, hysterical phenomena, and individual behavior differences.

AUDIENCE: Students of psychology and medicine, psychiatric nurses, psychiatric social workers, psychiatrists, psychologists, psychoanalysts. Not suitable for lay audiences.

PRODUCTION DATA: 16 mm., black-and-white, sound, 900 feet, 24 minutes. *Year of Production*: 1949. *Year of Release*: 1950. *Country of Origin*: U.S.A. *Author*: Dr. Lester F. Beck, Department of Psychology, University of Oregon. *Producer*: Hartley Productions, New York.

DISTRIBUTION: Association Films, Inc., 35 West 45th Street, New York 19, N. Y.; 206 South Michigan Avenue, Chicago 3, Ill.; 351 Turk Street, San Francisco 2, Calif.; 3012 Maple Avenue, Dallas 4, Texas. *Sale*: $85. *Rental*: $4.50 per day.

ACCOMPANYING MATERIAL: *Exhibitor's Bulletin.* (A study guide was prepared but unavailable when this review was written.)

CONTENT DESCRIPTION

Two subjects of college age, Don and Claire, are seated at a table facing the camera; they read a passage on hypnosis from a book before them, after which the demonstration begins. The psychologist-hypnotist, who is heard but not seen, suggests in soothing and repetitive phrases that the subjects fall asleep, and after a few minutes they succumb. When they themselves have affirmed that they are asleep the psychologist tells them that they are unable to open their eyes and they find this is so. Under his suggestion, their arms become rigidly outstretched and then relaxed, and their hands are made temporarily insensitive to the prick of a needle.

The subjects respond with visible disgust to the suggestion that a glass of water has a foul odor; with pleasure to the suggestion that it is perfume. They are then told that the water is bitter to taste and they grimace as they sip it; their reaction changes to pleasure when they are told that the water is sweet.

A pencil is described as a hot metal rod. Showing strong conflict over obeying the psychologist, the girl picks the pencil up gingerly and touches Don's hand with it. He jerks his hand away fearfully. The pencil is then

described as only a pencil, and Don has no reaction when Claire touches it to his hand again. Both subjects are told they will be deaf at a signal and, having received the signal, manifest no response to a sudden handclap; another signal releases them and they start sharply when the handclap is repeated.

Don and Claire are then told that upon awakening they will obey an impulse to "write something," and that still later, at the signal words, "Sweet dreams!" they will fall asleep again. When awakened, they each take a pencil and write a phrase and then return to sleep at the given signal. They are told that when they awaken this time they will look at a magazine together. Each one is to find the page nearest him depressing and the farther one amusing and interesting. They are awakened and given the magazine. The film ends with views of Claire and Don thumbing through the magazine, displaying opposing emotions toward each page and manifesting surprise and irritation at the other's tastes and opinions.

APPRAISAL

CONTENT: This film demonstrates the common phenomena of hypnosis —induction of the trance; eye and arm catalepsy; insensibility to pain; abnormal thermal, gustatory, and olfactory illusions; blindness and deafness; awakening from the trance; posthypnotic amnesia; posthypnotic suggestion. In addition, by using two subjects, the film shows individual responses to the same suggestions and responses to each other during the period of the experiment.

The demonstration is unaccompanied by printed captions or spoken commentary, an approach which has certain minor limitations. For example, the failure to explain that rapid induction of trance is generally possible with suitable subjects permits persons unfamiliar with hypnotic procedure to adopt skeptical attitudes; to question whether, in fact, the subjects are actually hypnotized. It is likewise left unexplained whether the hypnotist's policy of subsequently correcting each misconception induced in the subjects (e.g., it is *really* a glass of water, *only* a pencil, etc.) is a necessary part of the hypnotic procedure, whether it reflects his personal technique, or whether it is done for the benefit of the film audience. The abrupt ending of the film during the magazine sequence (it breaks off without the final awakening of the subjects) leaves the demonstration incomplete.

There is, on the other hand, a distinct advantage in allowing the demonstration to proceed without artificially imposed interruptions. The experiment is factually clear and methodically developed; it illustrates the best in hypnotic technique, for the hypnotist is neither too aggressive nor too domineering. The subjects were chosen well, because of their ready

response to suggestion and their spontaneous behavior toward each other. Their individual choice of symbolism in carrying out writing suggestions as well as the interplay of their personalities add informative and provocative overtones to the demonstration.

PRESENTATION: *Hypnotic Behavior* is a continuous film and sound record of the demonstration; beyond the careful planning of the demonstration itself, the action is spontaneous and unrehearsed. The body of the film is technically adequate; two cameras were used to provide for continuous action, and undue visual monotony was avoided by intercutting shots from various angles. The presentation suffers somewhat from the lack of one or two explanatory captions which might have clarified the questions not answered by the action itself, and the abrupt way it begins and ends—or rather, starts and stops—lends it a fragmentary feeling. For the most part, however, the film achieves lucidity and coherence from the fact that the material is allowed to provide its own drama and complexities. Exclusion of the psychologist from the scene enables the audience to identify itself with him as it faces Don and Claire, and to concentrate full attention on their responses.

EFFECTIVENESS: The film successfully illustrates hypnotic technique, hypnotic phenomena, differences in subjective response to hypnotic suggestion, and the effect of interpersonal relationships in producing these responses. Clear and methodical as the demonstration is, it remains raw material which requires interpretation and discussion in order to be of value. For the viewer who is unfamiliar with hypnotism, some reassurance will probably be necessary to establish the authenticity of this demonstration because it seems deceptively simple. With such reassurance and proper elaboration by a competent discussion leader, the use of this film will be of value in courses in psychology and abnormal psychology and in lectures on psychodynamics for students of psychology, medicine, psychiatric social work, and psychiatric nursing. In this respect, the film may be a desirable alternative to potentially harmful demonstrations with live subjects in a classroom. The overtones provided by the personality relationships of the subjects should provide sufficient interest to make this film valuable for professional psychiatrists.

UTILIZATION

With any but a professional audience of psychiatrists or psychologists, use of the film should most certainly be accompanied by competent interpretation. Gatherings of psychiatrists and psychologists should find the film of interest, and such groups will probably find it most useful as a stimulus for discussion.

(21)

LET THERE BE LIGHT

THIS superbly produced motion picture deals with the psychoneurotic casualty of World War II—his presenting problems and management in a psychiatric Army hospital. Several patients are followed from evaluation interview to eventual recovery. Men with conversion hysteria, amnesia, and intractable stuttering are treated with special techniques including hypnosis and narcosynthesis. Group psychotherapy, occupational therapy, and recreational activities are shown. The focus is on the wartime patient, but the psychodynamics portrayed are generally applicable. The penetrating presentation of real patients and their treatment are of high instructional value and motivating power.

AUDIENCE: Physicians, psychiatric residents, medical students, nurses, students of psychology and psychiatric social work, occupational therapists, mental hospital personnel, civic groups. Non-medical or non-scientific groups must obtain special permission to use the film.

PRODUCTION DATA: 16 mm., black-and-white, sound, 2,100 feet, 60 minutes. *Year of Production*: 1945. *Country of Origin*: U.S.A. *Producer*: United States Army. *Technical Adviser*: Lt. Col. Benjamin Simon (MC). *Script*: Capt. Charles Kaufman. *Direction*: Maj. John Huston. *Camera*: Stanley Cortez. *Narrator*: Walter Huston. (*No screen credits are given in the film itself.*)

DISTRIBUTION: Address loan requests to: Commanding General, Att.: Surgeon, Headquarters, First to Sixth Army (according to location of film user). (First Army, Governors Island, New York 4, N. Y.; Second Army, Fort George G. Meade, Md.; Third Army, Fort McPherson, Ga.; Fourth Army, San Antonio, Tex.; Fifth Army, Chicago, Ill.; Sixth Army, San Francisco, Calif.) *Use of the film is restricted to the medical profession and allied scientific groups. Other users must request permission from the Army, as listed above.*

CONTENT DESCRIPTION

A preface reads: About 20 per cent of all battle casualties in the American Army during World War II were of a neuropsychiatric nature. The special treatment methods shown in the film such as hypnosis and narcosynthesis have been particularly successful in acute cases such as battle neuroses. Equal success is not to be expected when dealing with peacetime neuroses which are usually of a chronic nature. No scenes were staged. The camera merely recorded what they saw.

In the opening scene war casualties are seen returning home from overseas. As they descend the ship's gangplank the narrator says that some of these men who show no outward signs of injury are "casualties of the

spirit" on their way to an Army hospital, where psychoneurotic soldiers are treated.

Solemn-faced men in a crowded room are welcomed to Mason General Hospital. Some sit motionless, their faces expressing apathy or resignation. One soldier's body jerks and twitches involuntarily. These men have a common fear and a feeling of hopelessness.

In reception interviews with a number of patients, Army psychiatrists elicit the pertinent facts regarding each man's problem, the precipitating circumstances, and his response. The patients and their troubles vary widely, but throughout the interviews they speak of death and the fear of death. The first man fearfully tells of hiding in a hole during a bombing attack. The psychiatrist gently reassures him, "You won't die." The next patient describes how his buddy was killed, how he tried to go out after him. Another man cries about a sweetheart he worried about while overseas. One boy's brother was killed on Guadalcanal; he soon began having disturbing dreams about his brother. A combat veteran narrowly missed being riddled by rifle fire while asleep in the guardroom—on Friday the thirteenth.

The men adjust to life in their temporary hospital home as they await treatment. The narrator explains that modern psychiatry makes no sharp distinction between mind and body. The electroencephalograph and the Rorschach test are demonstrated as part of the patient's work-up.

A young soldier unable to walk is brought into the treatment room. His diagnosis is conversion hysteria. He is to have a sodium amytal interview which, the narrator says, is effective in certain types of acute conditions. After intravenous injection of the drug the psychiatrist employs forceful suggestion, and shortly afterward the patient walks about the room. This does not mean that his neurosis has been cured, warns the narrator—"that will take time." But the way has been opened for subsequent therapy.

Patients working in occupational therapy shops turn out hobbyhorses. Group therapy also occupies an important place in the treatment program. In one such session the patients listen to the psychiatrists as he explains what the core of treatment is: the development of knowledge of oneself, with the accompanying safety that this brings. There follows a spontaneous exchange of ideas, childhood experiences and feelings during which the patients appear relaxed.

Next a patient with amnesia is treated by a psychiatrist with the aid of hypnosis. In a deep hypnotic state, during which he shakes with fear, the man is encouraged to relive a terrifying battle experience. Later he is able to give his correct identity and seems well oriented. The following

patient, a severe stutterer, speaks without hesitation under sodium amytal, He cries with joy, "Oh, I can talk! Oh, God, I can talk!" Previously he had difficulty pronouncing the sound "s" which, it is now revealed, reminded him of German "eighty-eight" shells coming in.

In group psychotherapy "classes" led by a psychiatrist, patients tell how they would like to be treated when they go back to civilian life. They want to make good. When he tells them they have nothing to hide, they respond with an immediate "Yessir" in unison.

Guitar music follows, and patients are seen in music class. With improvement the days seem longer to these men, the old gripes return. At another group session the leader discusses the importance of establishing a meaningful relationship with another person as a means of achieving satisfaction in life. Knowledge alone is not enough.

The scene shifts to the baseball diamond where the patients are enjoying a game. "Eight weeks have passed. Are they ready for discharge?" the narrator asks. "How about the boy in right field?" In a brief vignette flashback this patient is seen in his initial evaluation interview—depressed, afraid. The patient who could not walk races around the bases for a home run. "How about this kid? How about him?" asks the narrator against a background of rousing cheers.

Finally, some of the men are discharged and an officer bids them "Good health, good fortune, and Godspeed." As they leave Mason General Hospital for their homes they wave happily from the bus windows to the nurses and to the men who remain behind.

APPRAISAL

CONTENT: The primary objective of this film is to show the psychoneurotic soldier—his symptoms and personality, and how modern psychiatry in a military setting attempts to understand and rehabilitate him. At the professional level the picture is instructional, but it also has been aimed at non-technical audiences interested in this problem. Its purpose is to motivate and to encourage an appreciation of the emotionally disturbed war casualty. The film also serves as an indelible record of the evaluation and treatment methods employed with certain types of psychiatric disorders occurring during World War II.

In limiting the material to a few patients with well-circumscribed symptoms and visible signs of disturbance, and by following these men through the entire film, clarity has been achieved. The selection of patients who have responded favorably to treatment underscores the central theme: sick soldiers are healed. The men are shown before and after treatment for comparison, and there is no doubt as to the results. There are no unlikable personalities, there is no evidence of cowardice, shirking of re-

sponsibility, or malingering. There is no suggestion of femininity or homosexuality. In spite of their incapacitating illness these men evoke empathy and understanding. For the sake of completeness refractory cases might have been touched briefly; however, the film clearly qualifies in other ways the limitations of the special treatment methods shown.

As to validity, the material speaks for itself. These are real human beings with real difficulties who respond to actual treatment and are rehabilitated into a real world. Their facial expressions tell of genuine fear and despair. Their apathy and blandness is that of stark living individuals seeking help. Certainly skillful planning and editing of the scenes hold the picture together; nevertheless, these soldiers are the real thing.

Hypnosis and narcosynthesis were successfully utilized at various treatment centers during World War II, and here the application of these techniques is well demonstrated by the psychiatrists of an Army hospital of this type (Mason General Hospital). The narrator's comments during the treatment scenes are pertinent and concise. Filming of the therapeutic sessions for long periods adds to the clinical value of the presentation.

During the initial interviews a number of scenes show eloquently the doctor-patient relationship in this military setting. The underlying psychopathology is frequently hinted at. That both patient and physician are seen as warmly human and responsive individuals speaks well for psychiatry. It is unfortunate that individual psychotherapy is not presented in this film, since treatment of this type is important in the management of all psychoneurotics. The group psychotherapy "classes," specially developed for use with these patients in an Army hospital, show how the men may express their feelings. However, it should be borne in mind that not all psychotherapeutic group work is conducted in this manner.

PRESENTATION: When top-flight film artists work as a team to produce a film, when the United States Army makes its medical and material resources available in abundance, when interesting filmic material is the subject for presentation, and when the challenge is a picture that will tell of the mending of a soldier's broken spirits, nothing short of extraordinary can be expected. The result is just that.

The story planning and direction are excellent. The camera work has been artfully handled in every detail; notable are the dramatic closeups of the men during the evaluation interviews. The lighting has added to the film's impact without being obtrusive; occasionally only one main light source is used very effectively. Such details as framing shots with background shadows have not been overlooked.

The sound track is adequate in all respects, and Walter Huston is superb as the narrator. The music adds greatly to the mood and motivating

power. Soft musical backgrounds during the treatment scenes are effective without becoming theatrical, and the change of rhythm with the baseball sequence is skillfully handled.

EFFECTIVENESS: Healing the sick is always an appealing subject, particularly in our culture. Perhaps it fosters both sympathy for the sick and a feeling of relief that we are not the victims. This film meets both of these needs. Those who are left behind for further therapy are seen only briefly at the end of the film. The treatments shown do the job; therapeutic failure is not seen. All these factors add to the effectiveness of this motion picture as a powerfully motivating experience. Its drama, its restricted focusing on the positive, and its clearly understandable ideas combine to make the film highly effective as a motivational device for enlightening the public and altering its opinion of the nature of psychoneuroses. On the other hand, the film is of sufficient scientific validity to justify its use as an instructional tool for professionally interested groups.

UTILIZATION

At present this film may not be shown to the general public without permission from the Army, which limits its application considerably. The danger of violation of the personal privacy of the patients shown in the film is adequate cause for reasonable control of its exhibition, though, ironically, this motion picture has an important message for the general public.

Parents and relatives of psychoneurotic soldiers may gain a great deal of understanding from the film. Professional groups with a wide variety of special orientation will find it valuable. It is suitable for physicians in general, psychiatrists, residents in psychiatry, medical students and interns, nurses, psychiatric hospital personnel, psychologists and students of clinical psychology, social workers and students in the field, occupational therapists, personnel supervisors, and civic groups (with permission necessary for nonmedical groups). Although *Let There Be Light* is self-sufficient as a motion picture, an informed discussant should be present when it is used for instructional purposes.

(22)

MENTAL SYMPTOMS

(Mental Symptoms Series, Nos. 1-9)

THIS is a series of short films demonstrating, through individual interviews with a psychiatrist, the symptomatic behavior and verbalizations of nine types of psychosis. With few exceptions, the selection of patients and

method of interview admirably and clearly substitute for the actual clinical demonstration. The economy and general clarity of presentation render these films highly suitable as instructional aids in the training of psychiatrists and allied professions, despite rather poor quality of camera work and sound.

AUDIENCE: Medical students, psychiatric nurses, psychiatric social workers, clinical psychologists, and students in these fields. Some units of the series also suitable for psychiatrists in training.

No. 1—SCHIZOPHRENIA: SIMPLE-TYPE DETERIORATED. 408 feet, 11 minutes.

No. 2—SCHIZOPHRENIA: CATATONIC TYPE. 425 feet, 12 minutes.

No. 3—SCHIZOPHRENIA: HEBEPHRENIC TYPE. 460 feet, 13 minutes.

No. 4—PARANOID CONDITIONS. 460 feet, 13 minutes.

No. 5—ORGANIC REACTION-TYPE: SENILE. 352 feet, 10 minutes.

No. 6—DEPRESSIVE STATES: I. 412 feet, 12 minutes.

No. 7—DEPRESSIVE STATES: II. 383 feet, 11 minutes.

No. 8—MANIC STATE. 481 feet, 13 minutes.

No. 9—FOLIE À DEUX. 505 feet, 14 minutes.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound. *Year of Production*: 1951. *Country of Origin*: Canada. *Sponsor*: Mental Health Division, Department of National Health and Welfare. *Producer*: National Film Board of Canada (produced by Robert Anderson). *Medical Advisers*: George E. Reed, M.D., and Charles G. Stogdill, M.D. *Case Presentation*: Heinz Lehmann, M.D. *Direction*: Stanley Jackson.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 36, N. Y. *Sale*: $325 (entire series), $35 (Nos. 1, 2, 5, 6, 7), $45 (Nos. 3, 4), $55 (Nos. 8, 9). National Film Board of Canada, 1270 Avenue of the Americas, New York 20, N. Y. *Rental* (per film): $1.50 per day, $0.75 for each additional day.

ACCOMPANYING MATERIALS: *Information Sheet* for each film (published by National Film Board of Canada), containing summary, content outline, suggested uses, and production credits. Use of the film restricted to the medical profession and allied scientific groups.

CONTENT DESCRIPTION

NO. 1—SCHIZOPHRENIA: SIMPLE-TYPE DETERIORATED

The film begins with a verbal description of the typical symptoms of simple, deteriorated schizophrenia delivered by Dr. Heinz Lehmann, who reads from a prepared manuscript. He mentions the insidious onset of diminished initiative, gradual lack of ambition, and indifference in such patients. Apathy and inappropriate affect are characteristic, and deterioration may continue to a state of incompetency. The case he presents is a

female patient, about forty years old, with a known history of psychosis for more than ten years. She lives quietly in the hospital, does simple work in the laundry, seldom speaks unless spoken to. At times she has auditory hallucinations.

Dr. Lehmann then interviews the patient who sits in a chair, rarely moves, and looks downward part of the time. The psychiatrist talks with the woman about her work, her plans, how she feels, and her attitude regarding her illness. Her speech is slow, her facial expression is one suggesting apathy and indifference. However, she is coherent and well oriented, and her memory seems intact. When the physician inquires about her loneliness, she smiles inappropriately. When asked what she would do with a large sum of money, at first the patient is unable to formulate any adequate response to the question, appearing completely overwhelmed by the idea. Finally she says she would "give it to the hospital." At one point she speaks of hearing voices and of invisible forces that attempt to control her.

Following the interview Dr. Lehmann reads again from his manuscript, reviewing the symptoms seen in the patient and stating that she presents the picture of chronic simple schizophrenia.

NO. 2—SCHIZOPHRENIA: CATATONIC TYPE

Before demonstrating three male catatonics Dr. Lehmann generalizes on the symptoms of catatonic schizophrenia and offers anamnestic data on the cases to be shown. All have been hospitalized from five to ten years. While their stupor is not so deep now as during the acute stage of illness, their behavior has remained relatively unchanged for some years.

The patients are first seen before Dr. Lehmann approaches them. Facial expressions are fixed and, aside from certain stereotyped gestures, they display almost no physical movement. Even when he speaks to them they remain negativistic and mute. They obey simple commands, but slight expressive changes occur in response to hallucinatory voices rather than to outside stimuli. The psychiatrist concludes by pointing out that even though the patients seemed oblivious to their surroundings, they almost certainly observed what was taking place.

NO. 3—SCHIZOPHRENIA: HEBEPHRENIC TYPE

In this film Dr. Lehmann outlines the hebephrenic pattern and furnishes highlights on the case selected to illustrate this type of schizophrenia. Thirteen years before, the patient (in his thirties) entered the hospital with a catatonic reactive pattern. This was gradually supplanted by hebephrenic behavior.

Two interviews, separated by a three-week interval, are presented.

During both the patient shows bizarre mannerisms, inappropriate amusement, incoherent speech, distractibility, perseveration. His verbal responses reveal delusional and hallucinatory thinking. Deterioration affects intellectual, emotional, and behavioral spheres.

NO. 4—PARANOID CONDITIONS

The outstanding symptom of the paranoid condition, emphasizes Dr. Lehmann in his preliminary remarks, is the persecutory delusion. Apart from this, reality contact, intellectual functioning, and personality may be well preserved in the paranoid psychotic.

The first (acute) case is a young woman admitted to the hospital six months previously, after refusing food for almost a week and going sleepless for several nights. In superficial conversation with the psychiatrist her reality orientation appears good. As he draws her out, she develops considerable tension and reveals her delusional system. She discusses the immortality of man, criticizes governments that prevent people from "fulfilling the Law," believes Hitler was a martyr for truth.

The second (chronic) case is a middle-aged woman, hospitalized for several years. A powerful group has been spying on her with recording devices, she declares, and other patients in the hospital, acting as agents, continue to persecute her this way. Nevertheless, she feels safer in the hospital and does not appear too upset over her dangerous position. In summarizing, Dr. Lehmann stresses that both patients are completely convinced of their delusional ideas.

NO. 5—ORGANIC REACTION-TYPE: SENILE

Dr. Lehmann outlines the symptoms of organic mental disorder, such as impairment of intellectual function, emotional instability, and dullness. These result from damage of the brain tissue. Senile psychosis is the most common organic reaction-type.

He then presents two cases: an old lady and an old man. Both show disorientation in time, as well as memory defects for information (she believes her two sons are also in the hospital), and for visual patterns (he is unable to duplicate a simple arrangement of objects). Although they remain fixed in the past, display impaired judgment, and confabulate, their old personalities emerge despite deterioration.

NO. 6—DEPRESSIVE STATES: I

In this film Dr. Lehmann prefaces his case presentation by discussing the symptomatology of the manic-depressive psychoses. Depression, he states, may be of the retarded or agitated type. The middle-aged male patient to be demonstrated suffers from the agitated form of depression.

He is a rather well-to-do farmer with no overtly severe economic or personal difficulties. For the third time in his life, he has succumbed to severe depression. The patient is subject to diurnal fluctuations of mood.

In an evening interview his dejected bearing, sense of sinfulness, depression, and hopelessness are striking. In the next morning's interview these feelings are so intensified that he displays a great deal of motor agitation, weeps, declares that he will never recover.

NO. 7—DEPRESSIVE STATES: II

This film demonstrates two types of depression. The first case, a middle-aged woman, evidences severe retardation of thought, movement, and speech. The second case, a young woman who has twice attempted suicide, is experiencing a reactive depression.

Dr. Lehmann presents relevant details from the first patient's case history. Two months ago she was a cheerful, capable housewife. However, she has suffered other depressions and one attack of mania in the past. During the interview the patient's voice is practically inaudible, her movements are minimal and her gestures constricted.

Desperation led the second patient to slash her wrist with a razor twice within the past fortnight, continues Dr. Lehmann. In her interview with him, this young woman says that nothing interests her, that she is tired of living, and would like to go to hell—to try "a new place." Hers is not an unexplained illness, stresses Dr. Lehmann, but a final reaction to an intolerable life situation.

NO. 8—MANIC STATE

Three symptoms characterize the hypomanic state. These are described by Dr. Lehmann as exaggerations of otherwise normal moods and consist of overactivity, increased and accelerated ideation, elation. The patient presented is an elderly woman who has had several manic attacks and also depressions in the past.

In her interview with the psychiatrist, the patient displays no insight into her illness, claiming that she never felt better in her life. Her expression is animated, her gestures spry, she smiles and laughs. Her voice is hoarse from endless activity. Her ideation is so accelerated that it frequently results in a flight of associations. Occasional flashes of sadness and hostility emerge. She is coyly aggressive toward the doctor and toward the camera crew, watching the latter's activities throughout the interview and directing side remarks to them.

NO. 9—FOLIE Á DEUX

Dr. Lehmann introduces the film with an explanation of this type of

mental disorder. *Folie à Deux* develops first in one person, then is communicated to another (or others) who has a close emotional attachment with the first victim. In the cases presented, he continues, the psychosis developed first in the daughter, and later in the mother, who was very dependent on the girl. He cautions that even though a period of physical separation may facilitate recovery in the person secondarily affected, it is not always practical. When this mother was separated from the girl she lost her psychotic symptoms but, because of the separation, developed a severe depression. They therefore had to be reunited, although the daughter had not recovered.

In the filmed interview the daughter dramatically expresses delusions of persecution by other inmates of the hospital. These delusions the mother passively accepts and actively supports. The mother attributes the mysterious persecution to witchcraft, but the daughter, who doesn't believe in witchcraft, finds no explanation. "A gangster is better than these criminals," she protests in bewilderment. "A gangster has a gun—he can shoot you—but at least you know where you stand with a gangster!" The girl is aggressively litigious, expressing full confidence in her ability to win a half million dollars' damages from a doctor who performed a minor operation on her nose. Gesticulating in unison, mother and daughter close in on Dr. Lehmann, entreating him to be reasonable and release them.

In his summary Dr. Lehmann compares the behavior of mother and daughter. The mother, he points out, is better preserved emotionally than the daughter. Her weeping during the interview was more appropriate to the situation than the smiles occasionally displayed by the girl.

APPRAISAL

CONTENT: These nine films on the psychoses represent an important contribution to the field of psychiatric education. They not only help fill a general need for demonstrational tools in this branch of medicine; the majority of the cases presented in the series offer particularly good examples of the various diagnostic categories.

The films have not been designed to illustrate techniques of mental examination, nor have they been planned to demonstrate therapeutic interviews with psychotic patients. Their specific purpose is to show the various manifestations of certain types of mental disorders, and this information has been aimed at undergraduate students of medicine. Limitation of purpose and objectives has increased the instructional value of this series of motion pictures.

Subsumed under the general heading of psychoses, each mental disorder has been dealt with in a separate short film, with an introduction and a closing summary. The material, which is sound, has been presented

in a straightforward manner by psychiatrists and medical clinicians. A minor point deserving mention is the difference between British and American nosology. In the film, *Paranoid Conditions,* the patient would be considered a paranoid schizophrenic by American classification.

Rigid categories for the different types of schizophrenia are generally impossible, and in *Schizophrenia: Simple-Type Deteriorated* the patient shows some paranoid ideation, indicating that she might be included under the diagnostic heading of mixed schizophrenia. In general, however, the cases presented are clear-cut demonstrations of the important psychoses.

The film on catatonia eloquently displays the typical attitude patterns seen in this type of schizophrenic patient. After a few initial remarks to the three male patients, the demonstrator remains silent for a long period, letting the bizarre movements, inflexibility, mutism, and fixed facial expressions speak for themselves. This is authentic case material at its best. Although descriptive comments might have been made, the instructor who uses this film may find that students are more profoundly impressed by the superb visual presentation of catatonics, shown here in the stuporous stage. For the sake of completeness, the excitement phase of catatonia might have been mentioned.

The hebephrenic schizophrenic is older than the patients who usually show this behavior; as such, he is somewhat atypical. It is pointed out in the film that he entered the hospital thirteen years before in a catatonic state. Although he speaks French part of the time, and an almost unintelligible English at other times, his bizarre mannerisms, inappropriate amusement, incoherent speech, distractibility, disorganized thinking, and hallucinations are clearly evident.

In *Paranoid Conditions* the psychiatrist skillfully brings out delusional thinking in the first patient who initially seems quite normal. The senile man and woman in *Organic Reaction-Type: Senile* are not dramatically presented, but they are representative of this type of mental disorder. The depressed states are illustrated with patients showing typical symptoms; the diurnal mood swings in the male patient are of interest because of their relative rarity. The film showing a woman in a state of overactivity with increased and accelerated ideation is entitled "Manic State," but it is stated that she is in a "hypomanic" state. Although not in acute manic activity, she might be considered clinically on the borderline between hypomania and mania. It is important that students realize that many patients in the hypomanic state are much less active than the one shown in this film.

The dramatic and voluble symbiosis of the mother and daughter in *Folie à Deux* affords a clinical experience that might never be encountered

in a lifetime of psychiatric practice. This phenomenon, in which a psychosis in a severely disturbed young woman is communicated to her mother, the less dominant of the two, is a rare morsel of psychiatric instruction.

PRESENTATION: The clinical material is excellent in most of the films, and the basic plan of presentation—breaking down the demonstration of manifestations of the various psychoses into separate films—is highly advantageous. The shortness of each film affords flexibility in the use of the series as a teaching aid. The consistency of individual structure repeated in each film prepares the viewer for the material before he sees it. The warm and friendly manner in which Dr. Lehmann conducts the interviews adds considerably to the pleasant qualities of some of the scenes that otherwise might appear slightly distasteful.

However, the film technique is grossly inadequate, in spite of the fact that these motion pictures were produced by skilled professionals. It is unfortunate that this series, a landmark in psychiatric teaching films as far as content is concerned, does not measure up to higher production standards. The films are static, with rigid camera positions, and there are too few closeup views of the patients. Although lighting is generally adequate, at times it seems rather flat, thus the details of facial expression are lost. The sound track is inferior in many of the films; in *Organic Reaction-Type*: *Senile* the voices are so low as to be distracting. In contrast to other psychiatric films, camera, lights, and microphones were not concealed in the shooting of this series. However, the response of some of the patients to the presence of film equipment and crew, while not interfering with the psychotic manifestations *per se,* is distracting to the audience.

EFFECTIVENESS: An introductory title in each film stresses that the series is "not meant to illustrate techniques of mental examination, but to demonstrate some manifestations of various mental disorders." Neither are the films intended to portray dynamics. The series should prove extremely valuable as a substitute for live clinical demonstrations, especially for medical students who do not have easy access to psychiatric hospitals and for residents training in psychiatric centers that do not treat all the types of patients demonstrated in this series. Medical students in the preclinical years may find the entire series helpful for initial orientation in the psychoses. However, the film demonstrating *folie à deux* presents such rare psychiatric cases that it should be of interest even to the specialist.

UTILIZATION

Their length is admirably suited to render these films effective adjuncts to the psychiatric lecture. Provided the point is made that the behavior of the patients in the interview situation is not necessarily repre-

sentative of their behavior on the ward, the films should also prove useful as training aids for other professional groups interested in psychiatry, such as psychiatric nurses, psychiatric social workers, occupational therapists, clinical psychologists.

(23)

NARCOSYNTHESIS

THIS film demonstrates the immediate effects on the symptoms of four mental patients after intravenous injection of short-acting barbiturates. The film's brevity results in an oversimplified presentation of the process, which may cause unjustified optimism in regard to its therapeutic value. Since the patients' verbal productions cannot be heard, the absence of sound also detracts from the value of the film as a teaching aid.

AUDIENCE: Of limited value for psychiatric instruction.

PRODUCTION DATA: 16 mm., black-and-white, silent, 511 feet, 21 minutes. *Year of Production*: 1944. *Country of Origin*: U.S.A. *Authors and Producers*: A. E. Bennett, M.D. and C. B. Wilbur, M.D., Department of Psychiatry, Bishop Clarkson Memorial Hospital, Omaha, Nebraska.

DISTRIBUTION: Psychological Cinema Register, Audio-Visual Aids Library, Pennsylvania State College, State College, Pa. *Sale*: $32.50. *Rental*: $2.00 per day.

CONTENT DESCRIPTION

The film begins with a series of titles explaining that short-acting barbiturates given intravenously are useful in psychiatry for prognostic purposes prior to electroshock therapy, for ventilation of conflict material, and for the relief of conversion symptoms, anxiety and tension states. It is stated that the method of treatment, narcosynthesis, permits the patient to re-experience psychic traumata and frequently to develop insight. Four patients are shown to illustrate the procedure:

Case 1. A male patient is shown with choreic movements of twenty-four years' duration. The symptoms subside after simple suggestion—"You don't have to shake"—under the influence of 0.6 grams of sodium thioethamyl.

Case 2. A female patient diagnosed as conversion hysteria with hemiparesis is unable to stand before injections. She receives 4 cc. of a 5 per cent solution of sodium thioethamyl and reassurance with positive suggestion, following which she is able to stand. An increase in affective reactions is noted.

Case 3. A young woman exhibiting mutism and catatonia is shown. After 0.4 grams of sodium thioethamyl she verbalizes and moves spontaneously. The patient is again shown after eight curare electroshock treatments and absence of symptoms (described in a title as "full recovery") is demonstrated.

Case 4. An eleven-year-old girl with trance states, convulsions, and astasia abasia receives 0.2 grams of sodium pentothal in 5 per cent solution. Marked improvement is visible after three treatments in the child's ability to walk, her increased affectivity, and her apparent contact with reality.

APPRAISAL

CONTENT: This film purports to demonstrate the effectiveness of narcosynthesis as a therapeutic technique. Its limitations, the indications for its use, and the risks involved in the procedure are not stated. Moreover, case-history material essential for independent initial evaluation by the viewer and necessary for instructional purposes is not included. The usefulness of the procedure for diagnosis and prognosis is minimized and the misleading impression is conveyed that the drug may be indiscriminately administered to cure cases ranging from conversion hysteria to catatonic schizophrenia, regardless of the duration of symptoms. The claim of "full recovery" of a catatonic schizophrenic is unverified by follow-up information, nor are the criteria for full recovery given.

The absence of psychodynamic case analyses and anamnestic data for all four patients and an apparent lack of psychotherapeutic orientation by the authors will prove disappointing to students familiar with modern psychiatric approaches.

The handling of the patients in the film leaves much to be desired. They are unnecessarily exposed and inadequately clothed.

PRESENTATION: It is particularly regrettable that this film has no sound track. A running commentary and the patients' verbalizations would have added immeasurably to the demonstrational value of the film. Verbalizations by the patient prior to, during, and after administration of the drug are essential to any understanding of narcosynthesis. The camera work falls prey to the typical errors of amateur productions under unfavorable conditions. Camera angles are limited and poorly chosen to illustrate the subject matter. The scenes are too brief and details are not sufficiently highlighted. Lengthy titles were obviously unavoidable in view of the abundance of material and the absence of a sound track. Organization of the film is poor, and it relies on titles rather than on the camera to convey information.

EFFECTIVENESS: In view of its brevity, lack of theoretical framework and presentational limitations the film is not an adequate substitute for firsthand experience with or direct observation of the procedure by medical students and psychiatric nurses. While it presents some dramatic symptomatic changes it also conveys numerous false impressions as to the efficacy and usefulness of the approach.

UTILIZATION

In view of its numerous limitations the film has slight value as a teaching tool. Psychiatrists and medical students may find it of some interest, but will require considerable additional briefing and actual experience with the procedure. Nursing personnel will derive little from viewing the film since the patients (except for Case 3) are not shown on the ward.

(24)

OBSERVATIONS CONCERNING THE PHENOMENOLOGY OF EARLY ORAL BEHAVIOR

THIS film shows various aspects of oral activity in the context of infant behavior, but does not include feeding in the demonstration. Individual anamnestic data and psychodynamic considerations are omitted and interpretation is deliberately avoided. The limitations imposed by these factors render the film inadequate as a teaching tool for professional, student, or lay audiences.

AUDIENCE: Intended for students and professionals affiliated with the field of child development.

PRODUCTION DATA: 16 mm., black-and-white, silent, 713 feet, 30 minutes. *Year of Production*: 1951. *Country of Origin*: U.S.A. *Sponsor*: Supported in part by a research grant from the National Institute of Mental Health, United States Public Health Service. *Producer*: Menninger Foundation, Department of Research, Topeka, Kansas. *Authors*: Sibyl Escalona, Ph.D., and Mary Leitch, M.D. *Camera*: Ellen Auerbach.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $75. *Rental*: $3.50 per day.

ACCOMPANYING MATERIALS: A 3-page mimeographed guide: *Some Observations Concerning the Phenomenology of Early Oral Behavior.* Contains (1) statement of purpose, (2) audience, (3) arrangement and use of the film, (4) content description with additional interpretive comments. The use of this guide will provide discussion leaders with some unified approach to the presentation itself.

CONTENT DESCRIPTION

The film is divided into three parts.

Part I is entitled "Changes in Oral Behavior with Developing Central Nervous System." The first sequence presents a nursing baby, with the titled observation that spontaneous mouth movements are still relatively uncoordinated at eight weeks, though sucking is ordinarily easy. Next, a ten-weeks-old tries to approach an object with her mouth, followed by a twelve-weeks-old whose mouth movements are designated as "part of a total response." A twenty-one-weeks-old is shown using her mouth to approach an object, illustrating the point that mouth movements become more differentiated with generally increased co-ordination.

Part II presents "Different Kinds of Oral Behavior and Individual Modifications." Several infants under twenty-four weeks of age display the following behavior: fingers in mouth, mouth to object and object to mouth, drooling, compression of lips, chomping and mouthing, moving tongue, opening mouth widely; mouth activity as part of social response and as a part of generalized movement, freezing of mouth movement as part of generalized freezing. Individual differences are shown: periodic snapping at cup, mouthing of spoon, finger sucking during other activities, sucking of several objects, and well-sustained oral activities.

Part III deals with "Reflection of Feeling States in Oral Behavior." A relaxed and a tense infant are contrasted. The rest of the section presents various responses of one infant, Dora, filmed intermittently over a seventy-minute period: At beginning of session, close to feeding time, during social stimulation eight minutes after feeding, during another five minutes of object stimulation. Diminished mouth movements and, finally, active sucking on hand occur in response to bell stimulus. Activity between object stimulation is shown. Tired, she is again presented the cup and the spoon which she drops. With increasing fatigue and mounting tension Dora finally begins to cry, ending the session.

APPRAISAL

CONTENT: This film on oral behavior is an observational record of the physical activity of several babies, with and without stimuli, in a clinical setting. Some of the scenes appear also in a companion film, *Eight Infants: Tension Manifestations in Response to Prolonged Stimulation.* In this production, however, titles draw attention specifically to the oral behavior of the infants.

In their guide, the authors expressly state, "Wherever possible, interpretation of the phenomena is avoided." The practical result of this abstemious phenomenological approach is a film which communicates little more than the fact that infants suck, drool, chomp, put things in their mouths—which is common knowledge. A number of significant manifestations involving oral behavior, such as hand-mouth-leg co-ordination, are

not pointed up by the titles, although attention is drawn to hand-mouth relationships and to mouth freezing as part of generalized postural freezing.

Apart from an introductory shot (to illustrate that mouth movements are still unco-ordinated in the eight-weeks-old), this film on oral behavior contains no scenes of breast, bottle, cup, or spoon feeding. Dora, for example, is shown "close to feeding time" and "during social stimulation eight minutes after feeding." How she eats and what she eats are not included as relevant factors in her oral behavior pattern.

At this stage of our scientific knowledge it is questionable whether a film on infant behavior can avoid the developmental approach and omit dynamic considerations to any useful purpose. Professionals and students engaged in observations of infant behavior, toward whom the film is directed, would wish anamnestic data on these infants: their medical history, reason for participation in the research, highlights of the mother-child relationship, and data on feeding and weaning experiences.

PRESENTATION: The absence of any continuous theme other than the simple observation of oral behavior creates a discontinuous effect and gives the impression that the various sequences have been rather arbitrarily strung together. Many shots are excessively long and some of the visual data do not seem to support the titled observations. Others are very well selected in the latter respect, for example, mouth movements of the twelve-weeks-old in Part I, and licking movements of the twenty-weeks-old in Part II. Lighting is excellent, but limited closeup camera movement sometimes enables the child to escape out of the frame through sudden bursts of activity.

EFFECTIVENESS: The purely descriptive approach, the omission of anamnestic data on the subjects and the absence of feeding or nursing data in the film limit the value of the film as a scientific communication.

UTILIZATION

In the absence of live subjects the film may be used as visual source material for the observation of oral and other motoric behavior in infants. Lack of interpretive development of the theme renders it inadequate as a teaching tool for students or professionals in the field of child care, or for lay audiences.

(25)
OUT OF TRUE

THIS film movingly portrays the experiences of a young married woman who is institutionalized after attempting suicide, and successfully depicts the modern mental hospital as a place where people are considerately treated and where they recover. It is less effective in demonstrating the means whereby cure is accomplished and, insofar as it leaves the audience with the impression that the patient is completely recovered in a relatively short period of time, somewhat misrepresents the permanent effectiveness of electroshock combined with environmental manipulation. The best in professional acting and superior camera work surmount the rather inferior acoustical effects.

AUDIENCE: Laymen, pre-medical students, college-level psychology students, nurses, social workers in training, and (possibly) group therapy patients.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,481 feet, 41 minutes. *Year of Production*: 1951. *Country of Origin*: Great Britain. *Producer*: Crown Film Unit, for British Government. *Screenplay*: Montagu Slater, from an original story by Jay and Stephen Black. *Direction*: Philip Leacock. *Music*: Elisabeth Lutyens. *Cast*: Jane Hylton, Muriel Pavlow, David Evans, Mary Merrall, Beatrice Varley and others.

DISTRIBUTION: International Film Bureau, 57 East Jackson Boulevard, Chicago 4, Ill. *Sale*: $150. British Information Services, 30 Rockefeller Plaza, New York 20, N. Y. *Rental*: $5.00 per day.

CONTENT DESCRIPTION

Molly Slade awakens from a troubled sleep one morning with the memory of a terrifying nightmare. As she moves about the kitchen of the overcrowded tenement flat shared by Arthur, her husband, their two children, and her mother-in-law, she cannot escape the horror of her dream. In it she climbed the stairs to their flat. On the landing outside, Arthur's mother approached her silently, her face stern and set. Molly faltered, glanced down at the street below. Suddenly the older woman toppled over the railing. As her body plummeted to the ground Molly, screaming in the dream, was roused by the alarm clock.

"Try and get a move on this morning, Moll," Arthur entreats from the bedroom, but Molly is too disturbed. She glances at her mother-in-law, still asleep on a cot in the kitchen, and at her hat lying nearby. Molly flicks the hat onto the floor. She puts the kettle on, lights the stove, but when she cannot open the curtain at the window she tears it away. Then,

finding the tea canister empty, she sinks into a chair. She watches impassively as the kettle boils over, extinguishing the flame. Arthur quietly turns off the gas. His mother awakens and goes next door to borrow some tea. On her way back she meets the postman who hands her a letter from her daughter. "Dearest Mums," it reads, "we can't make a go of it. So, Mums, I'm sorry to say that the arrangement for you to come here is off."

Molly secludes herself as the rest eat breakfast. "I'm worried about her, Mum," Arthur confides. "If only we could give her a holiday." Mrs. Slade tells Arthur that she cannot leave as she had planned, and her son urges her not to tell Molly—not yet. The fragments of table conversation sound vague and distorted to Molly as she dresses. She hurries out of the house. "I hear your mother-in-law's staying on for a bit," calls Mrs. Green, a neighbor. "They never told me," Molly replies. In the street she rushes to the grocery store, but it is not yet open. She drops money on the street as she hurries along. Impelled by her own misery and confusion, dream and reality seem interchangeable. When Molly comes to a bridge, she climbs over the rail and jumps into the water.

Home from work that evening, her husband finds the flat deserted. "There was a man 'ere," calls Mrs. Green. "There's been trouble."

"What trouble?" Arthur demands. "Come on, what do you mean?"

"Molly chucked 'erself into the river and they've 'ad to put 'er away—in an asylum."

At the hospital Molly receives reassurance and a sedative from the psychiatrist, Dr. Dale. When Arthur and his mother arrive to take Molly home he urges them to leave her for treatment. "You're tryin' to say our Molly's mad, and I won't 'ave it!" exclaims the old woman sharply. "She did try to commit suicide, you know," Dr. Dale reminds them calmly. Arthur accepts this and ushers his mother out.

After a night's rest Molly is given an injection "to help her talk." She relives the events that preceded her suicide attempt, and as she recalls the extinguished gas jet and her sleeping mother-in-law, cries, "I'm wicked, too wicked to be here. I wanted to kill her—I might have!" She tells Dr. Dale of her months of mental suffering, of her growing inability to care for the home. "I don't love anyone—not even the children." Several days of narcosis follow. Then Molly undergoes neurological examination, projective and word association tests, and treatment by electroshock. She participates in the various recreational activities of the well-equipped mental hospital and makes friends with another patient.

Although Molly dislikes the electroshock treatments, she improves steadily. In a talk with Dr. Dale, her husband asks whether she must go on with them—"they make her memory go." The psychiatrist explains

that they will not change her, but will make her more herself. Arthur is also concerned over Molly's growing worry about the children. This is a sign of improvement, says Dr. Dale. As patients get better they want something to think about. "She wants to be home with you now—that's good, isn't it?"

But Molly cannot wait. She eludes the nurse, escaping from the unlocked ward one rainy night. She walks the entire distance home. At one point she pauses on an overpass, successfully resisting the impulse to throw herself in the path of a speeding train below. Inside the flat she stands beside the sleeping children's beds. Arthur, entering, wants to take her back, but she begs to stay the night. "Be good to me," she pleads. Yet even as he holds her, the siren of a passing ambulance so disturbs Molly that she bursts into tears. "We'd better go back tonight, after all," Arthur says firmly.

Dr. Dale confers with the supervising psychiatric nurse and decides to introduce Molly to psychotherapy. She has a private interview with a woman psychiatrist who helps her to ventilate early feelings toward her own mother and shows her how these feelings have been transferred to her mother-in-law, whose character is somewhat similar. Molly then becomes a member of a therapy group where she learns to understand more about her relationships to other people. Meanwhile, Arthur convinces his mother that she must live elsewhere. "You don't sound too grateful after all I've done," she protests. "Well, that's just the way it runs," Arthur remarks with finality. "You help people, and then they want to start helping themselves. That's just their way of thanking you, that's all." His mother visits the hospital to tell Molly that she is going to live with her daughter. "Nobody said anything, did they?" Molly asks anxiously. "All that was said, I said myself," denies the older woman stoutly. "I said, you ought to let young Molly run her own home; you've been here too long, you old so-and-so, I said."

As Arthur brings Molly home it is a very different scene from the nightmare which heralded her breakdown only a few months before. From the landing the children wave to them in the street, shouting "Mum's home!"

APPRAISAL

CONTENT: This elaborate British production whose aim is "to remove the fear and horror of mental illness, and to show that there is no shame in suffering from it or in having treatment for it," tells its story with a dramatic intensity and artistry rarely achieved in mental health films. Comparable in subject matter to the Canadian film, *Breakdown,* it differs widely in the handling of its material. Whereas *Breakdown* avoids psycho-

dynamic explanations and literally demonstrates the modern procedures available to rehabilitate a mental patient, this film explores the patient's illness in relation to her present and past, and portrays her hospitalization more impressionistically.

In its subjective approach, *Out of True* encourages strong emotional identification with Molly, the central character, rather than formal understanding. But a certain amount of clarity is inevitably lost thereby; at times it is difficult to grasp exactly what is happening. For example, the story opens on Molly's dream of her mother-in-law falling over the railing into the street below—only gradually does it become clear that this sequence *was* a dream. Also, certain thematic elements lack sufficient motivation—Molly's suicide attempt, the mother-in-law's belated recognition that she should not live with her son's family, his eventual firmness in asking her to leave. Is their insight spontaneous? Has it come about through interviews with the psychiatric social worker? Although we sense the psychological validity of the story, our impressions accumulate more by virtue of sensitive character portrayals and fragmentary incidents than by factual case-history data.

Removing ourselves one step from the compelling dramatic effect, our impression of psychological validity dissipates. More than half the story purports to show that Molly is cured by hospital treatment, yet her final improvement leading to discharge comes about only after the mother-in-law tells her she has decided to live elsewhere. The importance of this external change in Molly's family life tends to negate the central message of the film.

Evaluating the psychiatric procedures demonstrated, *Out of True* falls short in several respects. Psychiatrists viewing the film disagreed on diagnosis; some interpreted Molly's experience as an actual psychotic episode, others, as an acute hysterical attack. The film itself does not clarify this point. The patient's excellent contact with reality from the onset of hospitalization would support the latter view; the treatment she received, the former. A patient presenting such a well-integrated picture warrants exploratory psychotherapy rather than electroshock. True, the average mental hospital does institute the latter, but preferably after a period of observation on the ward. Upon admission to the hospital Molly is placed under narcosis for a time, a procedure uncommon in the United States. American psychiatrists prefer insulin coma. In their opinion, narcosis not only entails considerable nursing care, but may well lead to organic complications (e.g., pneumonia). In this film overemphasis is placed on the therapeutic value of electroshock, which follows immediately upon the narcosis. Molly is given projective tests after electroshock treatments be-

gin, which obscures the significance of the tests as diagnostic aids. Also, her responses are so directly linked to her reality conflict as to be atypical. Although they demonstrate the general fact that patients reveal information about themselves in such tests, hostility toward the mother-in-law is stressed here, rather than unconscious dynamics.

In similar vein, the audience is left for some time with the impression that Molly was driven to attempt suicide because she had trouble with her mother-in-law. Only toward the end of the film, in a therapeutic interview, is the patient's unconscious equation of the mother-in-law with her own mother established—only then does her current life problem come into focus as a traumatic revival of an earlier, still unresolved difficulty. In this respect, the legitimate step-by-step unfolding of the story defeats its psychodynamic message. The short presentation of a group therapy session is superior to the one which appears in the film *Breakdown*.

PRESENTATION: As a film, this production is one of the better mental health films. In style, it resembles a theatrical feature film. As is frequent in British pictures the real settings are subtly fused with studio work and a company of fine actors has been assembled to sustain performance at a high level, with name actress Jane Hilton topping the cast. Even though the acoustics are rather badly garbled and the heavy British accents difficult to follow, the presentation compels undivided attention.

The electroshock sequence is handled in an original and effective manner; the "shock" effect, instead of being linked musically to the treatment itself (as is done in most films), is achieved by abrupt cut to the patient at her next group activity—physical exercises—with the instructor sharply counting against the thumping accents of the gym piano. In general, visuals and dialogue support each other nicely; yet the deterministic note in connection with Molly's suicide attempt as an adult would have been strengthened if the account of her neglect of a younger sister while standing on a bridge were not purely verbal.

A few sequences are overdone, such as the mother-in-law's receipt of a letter from her married daughter. Others are completely moving and convincing—Molly's pause on the bridge in the night as the train roars by below and her mastery of the impulse to jump, her quiet satisfaction when she finally stands beside her sleeping children, after she has run away from the hospital. Time lapses are inadequately suggested, thus creating the impression of rapid cure. The sets—especially the overcrowded home—convey an air of authentic clutter.

EFFECTIVENESS: Since so much of the value of this film lies in its emotional impact, it is difficult to predict how effective it will prove when it moves into general distribution. It will probably serve best as a pre-

liminary appeal to lay audiences to sympathize with the emotionally disturbed. Although it may dispel fears about institutional care, its unflattering portrayal of the mother-in-law as a crucial factor in the onset of Molly's mental illness may evoke hostility in audiences of older people, especially as it emphasizes the older woman's rigidity of character, instead of couching the problem in social terms—the old age dilemma.

Professionals viewing the film found it limited as a psychiatric training aid, except perhaps for nurses.

Impressionistic handling of the therapeutic process, facile, semi-situational resolution of the patient's difficulties, dubious prognostic statements regarding duration of illness, a questionable treatment approach in the light of presenting symptoms—all would require the addition of explanatory narrative or further clarification by a discussion leader.

Where the instructor's primary purpose is to promote emotional identification and to convey the depth of feeling involved in mental illness, this film is preferable to *Shades of Gray* or *Breakdown*. It may also prove an effective projective device for patients in group therapy.

UTILIZATION

With adequate preliminary and follow-up discussion the film may prove useful as an orientation stimulus for laymen who have not seen numerous mental health films. The film is also recommended for medical students, college-level psychology students, nurses, welfare workers in training, and (possibly) group therapy patients.

(26)

OVERDEPENDENCY

(Mental Mechanism Series, No. 3)

THIS well-produced film dramatizes the course of psychotherapy of a young man by his physician, showing the development from childhood of his overdependency on others, as well as the gains derived from treatment. The film is effective in explaining and illustrating the relation between psychological and organic conditions, requiring for its understanding no background in medicine or psychiatry.

AUDIENCE: Students of psychology, medicine, and social work, physicians not specialized in psychiatry, patients in group therapy, lay audiences interested in mental health.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,152 feet, 32 minutes. *Year of Production*: 1949. *Coun-*

try of Origin: Canada. *Sponsor*: Mental Health Division, Department of National Health and Welfare. *Producer*: National Film Board of Canada. *Technical Advisers*: Medical Staffs, Allan Memorial Institute of Psychiatry, McGill University, and Royal Victoria Hospital, Montreal. *Script*: Bruce Ruddick, M.D., Miguel Prados, M.D., and Robert Anderson. *Direction*: Robert Anderson. *Camera*: Jean-Marie Couture. *Animation*: Norman McLaren. *Music*: Robert Fleming. *Narrator*: John Drainie.

DISTRIBUTION: McGraw-Hill Book Company, Text-Film Department, 330 West 42nd Street, New York 36, N. Y. *Sale*: $95. Available on loan or rental basis from many educational film libraries.

ACCOMPANYING MATERIALS: Information Sheet. Film Discussion Guide, *Let's Discuss It!*, both published by National Film Board of Canada.

CONTENT DESCRIPTION

James Howard is not going to get up in time for work this morning. He just can't face the day. His boss expects him to do a special job, but instead he turns off the alarm clock and buries himself in his pillow. His wife is older than he, and more mature. She treats him like a child. Now she wakes him, prepares his breakfast, and then bustles off to work herself. The day holds no particular fears for her.

Jimmy is late for work and he feels ill. Bicarbonate of soda relieves neither his illness nor his conscience. He can't eat his breakfast and wanders around the apartment irritably, trying to engage upon some course of action. Jimmy is not a malingerer. As a child he learned that sickness brought him extra love and attention from his overprotective mother and now he relies too much on others when he has problems to solve. A father who neglected him and whom he dreaded has inculcated in him a feeling of inadequacy in the presence of authoritative persons.

Characteristically, Jimmy phones his wife for help. She gives him sympathy and takes over for him. She tells him that she will arrange an appointment with the doctor and advises him to phone his boss. Jimmy hasn't the courage to speak to his boss but instead gets one of his fellow workers to make the necessary arrangements. He unconsciously falls back upon his illness to excuse himself from facing his responsibility. His inadequacy in this situation makes him feel guilty and angry with himself.

When his wife returns home at lunch, he is still not dressed. He relies on her to make his decisions for him. She must pick out his suit and his tie and take initiative like a mother to get him ready. Finally she manages to get him on his way to the doctor.

Though Jimmy arrives late for his appointment to the doctor's he is annoyed that he is kept waiting. A physical checkup reveals that Jimmy's trouble is emotional in origin. The doctor undertakes a series of psychotherapeutic interviews with Jimmy. In reply to the doctor's questions

Jimmy tells that as a child he spent quite a lot of time in bed being looked after by his mother and sister. He also recalls an extremely traumatic reaction to the removal of his tonsils as a child. Jimmy tries to induce the doctor to excuse him from work but the doctor does not react by undertaking any of Jimmy's responsibility in this matter. By withholding a prescription which might have reinforced Jimmy's feeling of helplessness as well as a certificate of illness which might have brought him the understanding attention of his boss, the doctor has taken a positive therapeutic step toward helping Jimmy realize that he is able to stand on his own. When Jimmy fails to elicit a protective reaction from the physician, he seeks comfort from his mother. A phone call to her is adequate to produce the usual oversolicitous protective maternal response upon which he has grown so dependent.

When Jimmy pays a return visit to the doctor, the doctor explains how emotional upsets may produce physical symptoms of distress and suggests that through gaining a better understanding of himself, Jimmy may find relief from his symptoms. When next we see Jimmy and the doctor, time has passed and much insight has been gained through their discussions. Jimmy, who had been feeling better, has suffered a setback. His growing confidence had led him to arrange an appointment to discuss a job of the kind he always wanted. While waiting to see the man in charge he is visited by a sudden feeling of panic and obeys his impulse to flee from the situation. The incident recalls to him how unsuccessful he was in finding acceptance from his father in spite of all his efforts to emulate him. "I got so I was afraid of him," says Jimmy. Jimmy understands now why he was so afraid to go in and see about the job. It was like having to ask for recognition from his father all over again.

Because he feels that they can help Jimmy, the doctor arranges an interview with Jimmy's sister and wife. He explains to them that Jimmy is an adult full of capabilities and that by encouraging him to do things for himself they will be able to help him to find himself.

As his treatment progresses, Jimmy becomes more able to free himself from childhood fears and longings that have proven such a crippling influence on his life. We see him chatting confidently with a group of girls. But Jimmy becomes upset when some male friends taunt him as they go by. "Look at Jimmy and his sewing circle," one says loudly. Jimmy recalls having been called a sissy as a child because he played with girls. Too much protection by his mother and too little encouragement from his father kept him from engaging in the normal competitive games of boys his age.

But Jimmy is changing. When we see him again with his wife and his

mother, he is able with his wife's aid to act affectionately yet independently toward his mother. To be sure, the decision not to accompany the ladies to dinner, in spite of his mother's insistence, is a small decision, but the skill with which he handles the problem is an important prognostic sign of his growing maturity. A dream in which he stands in his father's high boots and casts with a tremendous fishing pole verifies this prognosis. Jimmy accepts the doctor's interpretation that he wishes to occupy his father's shoes.

Jimmy is on his way to better health. We see this in the way he carries himself; in the way he handles his job and his secretary. With his new strength he can even begin to give attention and affection to others.

APPRAISAL

CONTENT: This film is an excellent presentation of the case history and treatment of a patient suffering from an emotional syndrome which has brought him under care of a highly skilled physician. The problem elucidated is extremely important, as large sections of the population are suffering from emotional disorders which translate themselves into somatic as well as behavioral symptoms. The dearth of personnel trained to deal adequately with such problems makes it necessary, at least for the present, to rely upon the enlightenment of the public as well as the general practitioner for whatever relief is to be expected in the near future. This film represents part of the effort to educate patient and physician alike.

James Howard suffers from feelings of inadequacy and overdependency on others. It is not this fact, though, which brings him to a doctor. He experiences vague and generalized gastrointestinal distress and presents himself to a physician for a prescription. He expects, as any average person might, to be treated for some organic disorder. When, after a thorough physical checkup, the doctor discovers no organic basis for Jimmy's symptoms, he undertakes a series of psychotherapeutic interviews with him. In order to prepare Jimmy for what must appear to him as a novel approach to medicine, it becomes necessary for the doctor to explain in very simple terms the connection which exists between emotional states and somatic states and the possible benefits to be derived from understanding oneself. His explanation to Jimmy serves also to acquaint the film audience with the nature of the psychosomatic question. The explanation he gives is highly simplified in order that the layman may profit from it.

The treatment undertaken by the physician is not psychoanalysis but rather what may be characterized as supportive psychotherapy. It might be criticized as being somewhat too superficial because of the fact that no attempt is apparently made to deal with depth material. Instead, the physician confines his efforts to a discussion of the patient's life history

at a level which is completely comprehensible to both the patient and the film audience, neither of whom is assumed to possess insight into the symbolic or unconscious meaning of the data. He tries to get the patient to understand at a conscious level the meaning of his current symptoms in terms of his past experiences, without attempting to uncover unconscious material at a deeper level.

Interpretation is kept at a minimum. When offered, it is phrased in terms of the immediately understandable surface material. Discussion of such problems as unconscious homosexuality and the uncovering of unconscious psychodynamics are avoided.

The apparent ease with which the physician handles the case is deceptive, and the effectiveness of the cure of this case that will surely appear difficult to a trained observer, may give rise to the false impression that this is a simple method of approach requiring little training and that any physician could embark upon a similar course of action with comparable results. Of course, the film is designed to illustrate the possibilities of the psychotherapeutic approach; this in part leads to an overstatement of the proposition for didactic purposes. However, it should be borne in mind that it would actually require a physician with highly specialized training to undertake the kind of treatment proposed in the film. The mature and capable handling of the case of James Howard almost leaves us with the impression that the physician would be hard to duplicate from among the ranks of general medicine. From this point of view, we are treated by the film to a picture of an ideal physician-patient relationship, and thus we are given a vision of things to be, rather than things that are—a vision of what is to be ultimately hoped for in the medical practice of tomorrow. Although the film is overoptimistic in presentation, it nevertheless succeeds admirably in opening one's eyes to the potentialities of psychological medicine.

PRESENTATION: The film dramatizes the story of the psychotherapeutic treatment of an adult by his physician. It employs a documentary style which carries us along swiftly and manages to compress the meaningful events of a life into the short space of time allowed. Frequent flashbacks show the typical and traumatic events in the patient's life as they are discussed during the course of treatment. Scenes from the patient's contemporaneous life experiences illustrate the progress of the treatment. Animation is used to pictorialize the discussion of psychosomatics, and a fantasy sequence dramatizes an important prognostic dream which the patient reports. Dramatically most convincing is a superb sequence portraying the patient's terror as a boy when he is subjected to a tonsillectomy. In general, however, the visual portion of the film does not quite measure

up to the narration, which bears the major burden of communication. Nevertheless, there are subtle symptoms, though not adequately highpointed by the camera, which give an unexpected richness to the visual presentation. The effeminate walk of the patient hints at a problem untouched in the film, and the dependency motif is expressed by such things as the fact that the wife carries the golf bag and drives the car. There are more such cues which will be picked up by a professional viewer.

EFFECTIVENESS: This film can very effectively explain and illustrate the relation between the emotions and organic distress to audiences who have no special background in medicine or psychiatry. Moreover, the problem is neatly posed within the framework of a psychological life situation which is meaningful to many, if not most, people, thus making it possible for them to draw upon their own experiences in identifying with the characters in the film. Overdependency and the whole area of conflict between parent and child tap a rich area of vivid personal experience in the average person. It is easy to understand Jimmy's difficulty, and the film is excellent for provoking group discussion of treatment methods, and of problems of family, marital and intrapsychic adjustment. The film will be of particular value for introducing general practitioners to the possibilities inherent in a psychological approach to patients. It is not a training film, however, and perhaps one effect it may have on audiences of physicians is to create an overenthusiastic impulse to put the proposed technique into immediate practice.

UTILIZATION

This film is adapted for showing to general audiences. Since it will provoke many questions, a trained discussion leader should be present. It is also of value to patients in group therapy, to students of psychology, medicine, and social work. Care should be taken to provide a qualified psychiatric discussant when the film is shown to medical students or to physicians not specialized in psychiatry to amplify the message and to correct possible misconceptions in the direction of oversimplification or false optimism.

The Film Discussion Guide, *Let's Discuss It!*, contains a short interpretation of the film, production credits, questions proposed for discussion, recommendations for further reading, and a list of other films in the series. The questions provided in the guide are not accompanied by suggested answers and therefore cannot be utilized by an untrained discussion leader.

(27)

PALMOUR STREET

THIS sensitive documentary film depicts the home life of a Negro family in Georgia with eloquent naturalism and human warmth. Through typical situations of family living it demonstrates how parental love, tolerance, and understanding help little children to face everyday upsets and strengthen them against major crises. Although the film is simply presented and somewhat crude, production-wise, the question posed—"What would *you* do if you had problems like this family?"—encourages audience response ranging from the naïve and factual to the sophisticated and theoretical. Since *Palmour Street* has been designed as a springboard for discussion, a skillful leader should be present to direct the thinking of any given audience along lines which will best suit their needs.

AUDIENCE: Lay audiences, particularly parents. Social workers, sociologists, students of medicine and public health, nurses, general practitioners, pediatricians, psychiatrists, psychologists, mental health workers.

PRODUCTION DATA: 16 mm., black-and-white, sound, 970 feet, 27 minutes. *Year of Production*: 1950. *Country of Origin*: U.S.A. *Sponsor*: Georgia Department of Public Health. *Technical Advisers*: W. A. Mason, M.D., and E. E. Butler, M.D. *Producer*: Southern Educational Films Production Service, Athens, Georgia. *Script*: George Stoney. *Direction*: Bill Clifford and George Stoney. *Camera*: Bill Clifford. *Music*: Louis Applebaum.

DISTRIBUTION: Health Publications Institute, Inc., 216 North Dawson Street, Raleigh, N. C. *Sale*: $50.00. *Rental*: $3.00 per day. Also available on loan or rental basis from many educational film libraries.

CONTENT DESCRIPTION

This film begins with a prologue in which the narrator asks, "Can parents help their children grow up? Let's see how one family does it." Mr. and Mrs. Rogers, a Negro couple, who live on Palmour Street seem to get along very well. Mrs. Rogers is a good mother. Her children laugh and play about her, run up to greet her when she comes home from work in the afternoon. Everything is fine until one day there is a knock on the door, and a man tells Mrs. Rogers that her husband has been hurt and they have asked her to come as soon as she can. The narrator asks, "Suppose these were your children, what would you do?"

Only after this prologue the film title and production credits appear on the screen, and it is stated that the people who live on Palmour Street worked hard on this film so that they and we might know more about their children.

The story then begins as the father, Mr. Rogers, smiles at his young son and flexes his muscles for the boy. The boy follows suit. While the narrator suggests that children may take after their parents the mother is seen leaving the house to take her little boy to the clinic. He seems content, pleased, at ease with his mother. Another mother is seen dragging her boy into the clinic waiting room. There is a big difference in parents, the narrator points out. Could there be this big difference in their children?

At home, Mother bathes baby Vernon, their nine-months-old son. She pats him gently and he seems to show that he feels safe and warm and that he knows his mother loves him. "That's the best kind of beginning any baby can have."

Out in the front yard, Kenny, one of the older boys, stands rigid and fearful, watching a little dog that is barking at him. It is natural to be afraid, but not to stay afraid. "Right now, while he is only six years old, he is going to decide if he is going to stay scared of things the rest of his life." But Kenny's father is somehow aware of this, and patiently helps him realize that the dog won't hurt him.

In the living room, Randolph has a good time jumping on the couch until his mother orders him to cease. Although Mother is angry at Randolph, she is able to help him find some means of relieving this abundance of energy. He tries to shell some peas, and his mother smiles. The narrator states that children of three are not too young to begin learning things like this, and Mother, too, is learning to have confidence in her child.

At bedtime, when Dorothy is doing her homework, she asks her mother to look at her book. "Can't you see I am busy?" replies the mother. Yet a little later she remembers Dorothy and takes a moment from her chores to look at the book with her daughter.

Aunt Esther, who lives next door, does not approve of children dancing. When she discovers some of the neighborhood girls dancing on her front porch she runs them off. Dorothy Rogers tells the others that her mother doesn't care if they dance; so they go to the Rogers' front porch to do it. Dorothy's mother joins in.

Later, over a tub of washing, Mother and Aunt Esther discuss dancing. Mrs. Rogers thinks it is best if one knows what the children are doing. This leads Aunt Esther into the difficulties with her own boy, who had been in court recently on a delinquency charge. In a flashback scene showing Aunt Esther in court she seems frightened and angry. Her adolescent boy is sullen. "I was ashamed to death," Aunt Esther tells Mrs. Rogers. The narrator remarks that Aunt Esther does not tell what happened two weeks before: she argued with her son at the table, telling

him that it is his sassy tongue that gets him into trouble, "You young ones are getting so smart—think you are as good as anybody."

Mrs. Rogers knows that she is a very lucky woman, "I've got a good man and children—just as good as anybody's." There are other times, however, when things don't go so well. The father comes into the kitchen, demanding dinner. He and his wife argue. The children are frightened. The two little boys slowly put their fingers in their mouth as the parents yell at each other. The narrator says, "Even Vernon isn't too young to know that something is wrong."

Most of the time, however, Mother and Father get along well, and the children are happy. Father comes in from work, asks if he can take the baby "out of the way for you." In the swing on the front porch Mr. Rogers holds the little baby up in the air, playing with him lovingly and tenderly, while the two boys busy themselves taking off their father's shoes. The children are all right now; here they are safe, happy, and comfortable.

"What happens when you can't be with them?" On the way to school a drunken man steps out of a doorway and yells, "Hey, little girl!" at Dorothy and her friends. They run on past him. Has Dorothy been prepared for this problem? At school the girls huddle, telling "secrets." They giggle, and Dorothy says, "That ain't nothing. My mamma told me about that a long time ago."

When Mrs. Rogers goes to work she leaves her younger children with Aunt Esther, who sometimes seems to spoil one of the children, and sometimes seems hard on the others—something no child can understand. When Kenny hits Aunt Esther's house with a rock she threatens him by saying that she will have his daddy get after him with a "stick of stove wood." Kenny runs off. That evening, as all the family is together on the porch, Kenny runs inside the house and hides under the bed when he sees Aunt Esther coming. Mr. Rogers seeks Kenneth, patiently comforts and holds his frightened little boy. When the parents are alone they talk about what it means for the children to have to stay with Aunt Esther. Mother plans to stay home more, "as soon as we get the furniture paid for."

Days later, Mother and the children are in the living room when a man appears at the front door. "Mrs. Rogers, I have bad news. Your husband has been hurt." Leaving, Mrs. Rogers asks the children to mind Aunt Esther. At the hospital, she learns that her husband is seriously injured but is putting up a good fight. As she waits for a report on his condition the narrator comments on the good start her children have had: "The months and years of care and patience and love given them by their parents have made them strong. . . . They will be able to stand up to this

problem if they get the right kind of lead from grownups who are near enough to help."

When the mother arrives home that night she tells Aunt Esther that her husband is going to pull through. She goes from bed to bed seeing that her children are asleep, and takes care to tuck them in properly. "What can the mother do until the family is together again?" the narrator asks. "There is no chance to stay home all day now. Encouragement has helped Dorothy to do well in school, but Mother will have less time for her now. This mother has a real problem. What would *you* do if you were in her place?" As the film ends a large question mark remains on the screen.

APPRAISAL

CONTENT: *Palmour Street—A Study In Family Life* tells its story in eloquent simplicity. This film was not made to entertain; it was made to help people understand their own everyday problems. Although the story is designed for unsophisticated audiences—planned as a film to be used with parents who work, who bring up their children in circumstances similar to those shown in Gainesville, Georgia, in modest homes such as those seen in the film—it has been so beautifully executed that its appeal is not only to the group for which it was intended; it is universal in scope. By dealing with the simple problems and typical situations that occur in homes of many economic levels, this motion picture has a message for all parents.

Strictly speaking, the question asked is an economic one, i.e., "How can this family remain united under severe financial stress?" Must the mother continue to work in order to support her children while the father is sick, or will some outside agency step in and help this mother to remain at home with her children where she is needed? However, the manner in which this question has been asked and the realistic qualities which have been projected into the living situations provide abundant psychiatric and sociological implications. Even though the situations and the persons appearing in the film might, in many respects, not evoke ready identification on the part of the viewer, the feelings and the reactions are so real and human that empathy is spontaneous.

There is no real plot to this film. Rather, it is a series of circumstances showing the characteristics of the family members and their relationships to each other and to people both outside and on the fringes of their own circle. Then, finally, it presents an acute practical problem and asks what one would do about it. Since there has been no real climax, asking the question in the prologue as well does not detract from the subsequent development of the story. Later in the film, by the skillful use of material which fits naturally in the environmental setting, the authors of the story

have been able to utilize many of the innate qualities of the individuals seen in the film. There is nothing artificial about these people or about the things they do; there is no concentration on the good nor on the bad aspects of family life; it is all there. A little boy is afraid of a barking dog; his father tries to help him overcome his fear. A mother is warm and cheerful as she bathes her baby; she has other children who also deserve her time and attention. Aunt Esther does not believe that children should dance, and Mother doesn't know the answer either but she thinks that it's best if she knows what her children are doing. As a married couple, the Rogers seem to get along very well, but at times they have real spats.

One question might be raised regarding the validity of this material. Since it is admittedly regional and is built around a Negro family living at a poor economic level, the Rogers might appear too lax in their manner of dealing with home and children or perhaps too ideally presented under stressful living conditions. In urban areas, certainly, the demands made on a large family such as the one in Palmour Street might be much greater. However, the film qualifies this by making quite clear that this is a story of a specific family in a certain location in Georgia.

In attempting to evaluate the technical material included in this film the content of the narration deserves some attention. Early in the film the narrator implies that children take after their parents, that the child dragged into the clinic by his mother may be different from Mrs. Rogers' little boy, perhaps because the two parents are different. It is stated that although Vernon is only nine months old, he knows that he is "safe, warm, and that his mother loves him." At another point the narrator says that children of three are not too young to begin learning things such as shelling peas. When Aunt Esther is seen scolding her sullen and resentful son there is a vague and subtle implication that her treatment of the boy may in some way be responsible for his being in court for delinquency.

All of these points which the narrator makes, including the final one that months and years of care and patience and love given children by their parents make them strong enough to meet problems, are sound from a psychiatric and mental health point of view. In the film they are simply stated without elaborate qualifications, which seems in good taste and perhaps most effective to the audience to whom this film is addressed. These ideas need no elaboration, they have been put into words and into visual presentations that are meaningful; they can be understood and remembered.

PRESENTATION: The film epitomizes the value of the documentary film maker's approach to reality. The careful casting of natural actors and painstaking selection of locations create the flavor of real people in

real places. The shooting was done after positive contact with the families had been established over a period of time. The direction, in relation to the handling of the players, is excellent, and even though they sometimes tend to "read" their lines, the non-professional execution of their roles does not obscure the genuine and authentic quality of the production.

Able writing and casting succeed in bringing out the players as distinct personalities. There is imagination in some situations: the two women discussing the problem of dancing while they scrub clothes in a steaming washtub; the two little boys taking off their father's shoes as he sits in the swing. The excellent mood music is remarkably rhythmic and so are scenes in which music, sounds, and voices are fused, as in the children's hand-clapping game. The quality of the narrator's voice, the timing of his phrasing and his Southern tongue enhance words that might easily sound trifling.

While the emotional balance of this film is well worked out, it is marred by several pieces of poor film making. At many points the dialogue has been poorly recorded and is often out of synchronization. If available technical facilities precluded quality sound reproduction, it was a failure in script composition to attempt such dialogue. The shot sequence does not enhance the innate beauty. Some transitions are so badly done that the screen is left empty for an unduly long time. Several shots are inordinately long; a finely chosen scene of the mother tidying her hair brings out the whole flavor of the household, but it is marred by the woman walking for a long time toward the camera; this sets up conflicting overtones which could have been avoided by more stringent editing.

EFFECTIVENESS: *Palmour Street* is a powerful motivational motion picture. The ideas expressed in the film, the people who play a part in it, the music, the narration, and the final question which it asks, all go together to produce feeling. The film has been made for people like the families in Palmour Street, and may be most effective in helping them think about their real problems; but other groups should find this picture equally valuable. Laymen everywhere—particularly parents—will be able to absorb the important things in family living presented here. For all these groups the film should serve as a springboard for discussion. As the material in general is valid and free from tedious explanations, the film may also be useful to the most sophisticated groups as an exercise in dynamics, whether their thinking be oriented in psychiatry, sociology, mental health, or allied fields.

UTILIZATION

This film is suitable for lay audiences, particularly parents and specifically Southern Negro parents, as well as for students and workers in the

various professions concerned with mental health. Since the film is designed for discussion, a qualified leader should be present when it is shown.

The one question which might be raised regarding the use of this film is that persons in cultural groups different from the one portrayed may find it difficult to relate their own problems to those shown. This is itself an interesting problem; a skillful discussion leader may, however, use this film to real advantage with groups or individuals quite different in background from the people seen in Palmour Street.

(28)

PREFACE TO A LIFE

THIS is the story of three alternative paths of development a child may experience, each resulting from different types of parental influence. The film adequately demonstrates that emotional and psychological growth patterns of the child are deeply affected by the environment, but fails to show that the child's innate drives affect the environment in turn. The absence of dynamic approach, plus a vague treatment of such concepts as parental ideals, self-expression, and discipline, makes necessary the presence of a trained discussion leader for the clarification of lay audiences, toward whom the film is primarily directed.

AUDIENCE: General public, especially parent-teacher and community organizations. Also of interest to students of psychology, sociology, and medicine, and to ministers, youth leaders, general medical practitioners, pediatricians, and psychiatrists.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,030 feet, 29 minutes. *Year of Production*: 1950. *Country of Origin*: U.S.A. *Sponsor*: National Institute of Mental Health, Public Health Service, Federal Security Administration. *Producer*: Sun Dial Films, Inc., New York. *Psychiatric Consultant*: M. Ralph Kaufman, M.D. *Script and Direction*: William S. Resnick. *Camera*: Boris Kaufman. *Musical Score*: Karol Rathaus. *Narration*: Nelson Case.

DISTRIBUTION: United World Films, Inc., 1445 Park Avenue, New York 29, N. Y. *Sale*: $35.85, less 10 per cent discount to non-profit institutions. For loan apply to your State Mental Health Authority. Also available for rent from educational film libraries.

ACCOMPANYING MATERIALS: *Discussion Guide* and a leaflet with appended reading list, both published by National Institute of Mental Health, Public Health Service, Federal Security Agency, Bethesda 14, Md.

CONTENT DESCRIPTION

The film opens on Michael Thompson lying in the hospital nursery.

Michael is the healthy newborn son of a young suburban couple. We see the town he will live in, his street, his house, the school he will attend, and the people destined to play an important part in his childhood—tradesmen, neighbors, teachers, playmates, and finally a baby brother.

His parents are happy. "You are just what their dreams want," the commentator tells Michael when the nurse carries him in to his mother and visiting father. But both have preconceived ideas of what he should be like. Father sees a son who is better than he is, who accomplishes more. Mother envisions a boy who will always be dependent on her for affection.

Michael as a helpless infant seems perfect. Michael as a developing personality necessarily violates a good many of his parents' preconceived ideas of what a little boy "should" be like. He resists cuddling when he wants to explore the world. He stuffs dirty things into his mouth and smears food all over his face.

By the time he is three or four years old Michael has come to expect characteristic reactions from each parent. For example, he awakens one night and, feeling a little uneasy, goes to his parents' room. "Will they be angry?"—the commentator expresses Michael's thoughts—"or will Mother say 'My ba-a-aby'?" Michael's parents are permissive. They reassure him and Father carries him back to bed.

To convey the message that boys and girls are individuals in their own right and that parents must be prepared to modify unrealistic expectations that children will blindly conform to their ideals, the film now presents three paths of development for Michael: as his father wants him to be, as his mother wants him to be, and as he actually will be if both parents make concessions to his growing personality needs.

The theme of a Michael with a demanding, punitive father is first followed. He and several other little boys romp on the lawn of Homer, the neighbor who loves children. Michael discovers a set of boxing gloves and Homer boxes with him. Michael swats Homer and the latter collapses, in broad caricature of the perfect knockout. The children pile on top of him, shrieking with joy. Michael, enormously proud, rushes home to show Daddy the gloves. His father demands, "Let a real expert show you!" while Mother looks on anxiously. Father turns it into a lesson, takes all the fun out of it, and ends up by hitting Michael so hard that the little boy dissolves in tears. When his baby brother is born and Michael touches him experimentally, the baby starts to scream. Father scolds and Michael feels unjustly treated. This fosters a preconceived idea of his brother as an enemy, just as his father and mother have preconceived ideas about him, Michael.

A Michael who conforms to his mother's needs is next shown. Mother

regards every step of his growth as a personal attack. She deplores his first long pants. When he dresses for a school dance Mother asks if he's taking a girl. "Not exactly," he mutters, guilty over growing up. In adolescence girls make him feel trapped; they evoke reactions similar to those he has toward his mother. These attitudes are carried into his marriage.

Because of his father's excessive demands for obedience, perfection, and achievement Michael becomes a chronically frightened yet rebellious person. We see him in a bar with an office colleague. "Did you get your raise?" asks his friend. Michael stares sullenly before him. "No," he answers bitterly. "I quit."

The final portion of the film reassures the audience that a third outcome is possible. Parents *can* learn, they *can* hold back their "dreams." A number of situations are recapitulated, this time indicating more mature behavior on the part of the parents. This sequence shows how understanding and consideration by the parents in various life situations produce a Michael who defends his younger brother, a youth who gets along well with girls, a young man who is confident at his work and well integrated in his family and community life.

APPRAISAL

CONTENT: *Preface to a Life,* a mental health film designed for the general public, is a dramatic production with considerable sentimental appeal. As such, it holds audience interest and renders palatable a number of unpleasant truths—the chief being that parents can make or break a child's personality by the way they handle him.

The popular level of presentation cannot be held responsible, however, for certain limitations in the development of this central theme. There is a static treatment of the interpersonal relationship between parent and child and a tendency to use such terms as "self-expression," parental "ideals" and "dreams," and "discipline" as catchwords, rather than as definable concepts.

Although the film introduces Michael, the child, as a human being with unique potentialities, both the dream Michael and the real Michael fail to support this point. In each case the boy is presented as an almost completely malleable product of his parents' wishes. Neither the Michael molded after his mother's dream nor the Michael patterned after his father's dream offers any significant resistance to his parents' aggressive and repressive treatment, although it is a known fact that many struggles occur at the psychological and/or behavioral level before a young child effects some kind of outer and inner adjustment to parental demands. Even the Michael who *is* permitted self-expression seems to turn out well because his parents do the "right" things with him, and not because their

wiser attitudes interact with his own growth and judgment potentialities to produce an emotionally stable individual.

The commentary offers no suggestion of the multiplicity of reactions children may develop in response to—and defense against—parental demands, an omission which encourages the oversimplified "formula" approach to problems of character formation in the first years of life. In fairness, it must be recognized that a film of such limited length cannot be expected to develop its concepts fully; their very attempt to highlight parental influence no doubt led the producers to de-emphasize endogenous factors in favor of this central theme.

The lack of dynamic perspective in this film is also evident in the portrayal of Michael's parents in rather simple black-white, good-bad terms. Mother is thus and Father is so. The quantitative ratio between positive and negative qualities in the personality of each is absent, although this balance is a significant factor in any parent-child relationship.

The necessity for modifying unrealistic goals for children is the central message of the film, yet it does not define the ideals of Michael's parents as pathological—perhaps to avoid antagonizing the audience. These exaggerations of normal parental attitudes—the father's perfectionism and ambition for the boy, the mother's overprotectiveness toward him—are described as "dreams" in the aspirational sense of the word. The fact that these "dreams" for Michael are the only ideals emphasized almost suggests "better no dreams at all, than such dreams!" The film's advice to permit children self-expression and its relatively slight attention to ways and means of striking a happy balance between parental control and permissiveness cannot help but leave some confusion in the minds of laymen as to the practical applicability of the concepts taught by the film.

Despite these drawbacks, the warmth and humanness of the Michael story, the skillful interpolation of reassurance at various points in the commentary, and the importance of its basic message—that children become unhappy and emotionally unstable when they are treated as mere extensions of their parents' personalities—combine to make *Preface to a Life* a worthwhile educational contribution in the field of Mental Hygiene.

PRESENTATION: *Preface to a Life* is a competently handled dramatization of a series of life situations. Aimed at the general public, it is couched in popular idiom and attempts to achieve realism by the use of personality types and conventional symbols of suburban life rather than by capturing the reality of individuals living together. For the purposes of the general points which the film makes, this type of presentation serves well, although many of the situations portrayed in the film are not entirely con-

vincing, and the interpolation of one "surrealist" episode in the conventional context strikes a discordant note.

The narration is clear, dramatic, and incisive. It is phrased entirely in the second person—addressed to Michael—a device which heightens audience identification with the child and reduces it with the parents. The spoken dialogue is a little disappointing, partly because the actors are somewhat wooden, and partly because they are asked to step very quickly from one characteristic attitude to another in the successive hypothetical situations. The camera work is skillfully done, and while individual sequences sometimes drag, the film as a whole is smooth—a little too smooth.

EFFECTIVENESS: The film succeeds in demonstrating the flexibility of the human psyche and its susceptibility to environmental influences in the early formative years. It maintains a hopeful tone throughout, is not dogmatic, and stimulates a great deal of thought in the audience. It lacks scientific validity insofar as it presents the child as essentially lacking instinctual impulses of his own; a passive product of the parents' handling, rather than an individual whose personality interacts with others and influences them in turn.

The film raises broad questions concerning parental goals, discipline, and self-expression, but does not deal with them adequately. Its effectiveness in persuading parents to adopt less demanding attitudes toward their children will depend very much on the discussion leader's ability to meet the questions raised by the audience and to stimulate self-examination in parents without antagonizing them.

UTILIZATION

This film is suitable for general public consumption, parent teacher and community organizations. It is also recommended for college-level psychology and sociology students, medical students, as well as for professionals without specialized psychological or psychoanalytic training: ministers, youth leaders, general medical practitioners, pediatricians, and institutional psychiatrists.

As indicated above, a leader familiar with child-rearing problems and the therapeutic approach should lead the discussion. The guide which accompanies the film contains practical suggestions on its use, plus a list of questions to stimulate discussion.

(29)

PROBLEM CHILDREN

THIS film is essentially an illustrated talk on the teacher's responsibility for promoting the mental health of her pupils through an understanding of their individual differences. Pedagogically and psychiatrically, the film fails to develop this valid theme. Instead, it implies—through two hypothetical case illustrations—that a series of patently unsound manipulative procedures initiated by the teacher herself will cure children of pathological deviations. The theoretic rationale and therapeutic methods advocated render this film unsuitable for transmitting serious mental hygiene concepts to either professional or lay audiences, but eminently suitable as an example of the misinterpretation and misapplication of these concepts.

AUDIENCE: Intended for professional and lay audiences concerned with the field of child development.

PRODUCTION DATA: 16 mm., black-and-white, sound, 752 feet, 21 minutes. *Year of Production*: 1947. *Country of Origin*: U.S.A. *Producer*: Division of Mental Hygiene, Ohio Department of Public Welfare, in co-operation with Ohio State University and University High School. *Script and Direction*: Robert Wagner.

DISTRIBUTION: Psychological Cinema Register, Audio-Visual Aids Library, Pennsylvania State College, State College, Pa. *Sale*: $50. *Rental*: $2.50 per day.

CONTENT DESCRIPTION

The film opens on a group of children streaming toward school, 23 million children coming, according to the commentary, "from as many types of background as there are homes in the nation . . . a very real part of the American way of life. . . ." Youngsters of diverse ages hang their clothing in lockers. As the focus of interest narrows to one seventh-grade class entering its room the narrator observes that today children must learn how to get along with themselves and others.

A boy pauses in the doorway. This is Roy, active, athletic, aggressive. There are thousands like him, a cool, calculating showoff. "Despising the weaknesses of others, he tries to hide his own insecurity behind a mask of contempt." As Roy eases himself into a double seat he deliberately shoves the boy beside him onto the floor. "This is Jimmy." The class laughs as Jimmy looks timidly about and silently picks himself up. Shy, weak, often laughed at, Jimmy, by contrast, "lives in a confusion of self-doubting fears." Every teacher knows these types—Roy, the extrovert, in trouble for what he *does,* and Jimmy, the introvert, in trouble for what he *doesn't* do.

Here the camera focuses on Miss Baker, the teacher. The important

job for her, says the commentator, is not to find out *what* the children do or don't do, but to find out *why* they act as they do. She must watch, study, and learn that each child is different in terms of background, ability, and intelligence; for it is her task "to know the individual differences of each child" if he is to be helped.

As Miss Baker passes out papers—one apiece—Roy takes several, concealing the extra copies in his notebook. He taps his fingers impatiently on his desk. This is only a symptom, cautions the narrative. "Any one of these children may show this tendency at one time or another." But Roy is above average in intelligence; he finishes his work before the others and this leaves him "more time for mischief." Roy is seen rolling one of the pilfered sheets into a blow-gun.

Here the commentator explains that the child should not be judged on the basis of classroom behavior alone. His actions result from his home life. In the kitchen of Roy's home his mother is introduced as "a good mother" but perhaps too exacting. The father is presented as an advocate of rugged individualism. The narrative explains that while the mother protects Roy, the father neglects him. He also neglects his wife, driving her closer to the son.

The interaction between Roy and the parents is demonstrated. He asks his father for extra spending money which the father gives instead of interest and companionship. The mother overprotects Roy and treats him like a six-year-old. When he withdraws in annoyance she "just doesn't understand why she has so much trouble with Roy when she's done so much for him."

Outside the home Roy smokes a cigarette before a group of impressed youngsters. This is described as petty delinquency; "in this way he finds expression for his desire to be grown up."

In the classroom attention is again drawn to Jimmy. He looks puzzled and seems to have accepted a condition of defeat. Unlike Roy, he is never troublesome. Inferiority threatens to cripple his entire personality. While Roy indulges in "petty delinquency," Jimmy daydreams and takes little interest in his classwork. The point is made that because such a child raises no disciplinary problems the teacher may fail to recognize his need for help.

Next, Jimmy is seen eating at home. He lives with an aunt, but her love is not enough. When he needed his father and mother most he was beaten and crushed. His parents quarreled—now they are divorced. Small, lonely, he retreats into a Horatio Alger dream world "where he can do what he can't do in real life."

To a long scene of a group of teachers in conference the narrative

states that a constant evaluation of what children do is the most important part of the teacher's job; here she can plan the opportunities which may mean mental health for the Roys and Jimmys. Roy is seen writing "I will be a gentleman" over and over on a blackboard. The commentary maintains that Roy's teachers "would never give him such an assignment. Instead, Roy must be given work which challenges his interest and ability."

Now he stands with a few boys who have been encouraged to construct a relief map of the school grounds. This project emphasizes cooperation rather than competition. Each part of the job is essential to the finished whole. The relief map is seen. Roy has worked to the maximum of his ability and has had "far less time to indulge in undesirable anti-social behavior." The fact that his good work has been recognized will give him a new sense of responsibility.

Also, Miss Baker visits Roy's parents. Through the home visit, it is explained, she will learn more about the child's mental and emotional background and the parents will be helped to a better understanding of what the school is trying to do.

Individual attention to Jimmy is indicated, to help him build up confidence in himself. Encouraged to try new things, he peers into a microscope. Inspirational music is heard—"Jimmy does exceptionally well when given a chance to proceed at his own pace in the natural sciences." The scene switches to a ball field. The music mounts to a triumphant climax as a transformed Jimmy sturdily smacks a hit and rounds his bases.

The focus of attention shifts to the importance of physical health. Small children are shown taking physical examinations in school. "Here is where the story should really begin," says the narrator. Attractive shots of nursery-age children climbing on jungle bars, painting, and listening to a story together follow; they are "learning to play and work together . . . this type of learning experience should begin at the earliest age possible."

Soft music as little children spread mats on the playroom floor to lie down for their rest period. "Look at the faces of these children," remarks the narrator. "No repressions, fears, or doubts are visible in the eyes of these very young. There are no problem children, but there are problem homes. . . ."

Home and school are again reminded of their responsibility, accompanied by flashbacks of Miss Baker's home visit and the teacher conference. As Roy and his parents appear over the horizon swinging a picnic basket the commentary challenges: "We must make possible here in America a more satisfactory and wholesome family life. Our national destiny is based on the strength of the individual family." And happiness in the family, it concludes, is the basis of mental health.

APPRAISAL

CONTENT: This is the type of film in which a persuasive combination of optimism, good will, and sentimental appeal tends to conceal a multitude of scientific errors.

Ostensibly, the film proposes to show that the recognition of individual differences enables the teacher to approach children with greater understanding and thus promote their mental health. Practically, it focuses attention on problems of psychopathology and proceeds to illustrate how these can be "cured" by the application of a formula: individual attention to the child, extracurricular activity dosed to suit his needs, and contact with the parents through home visits. It would indeed be a welcome step toward the achievement of mental health on a mass scale were it possible to help emotionally disturbed children achieve personal and social integration by the faithful execution of such a formula. Except for the most superficial and transitory upsets, this is educationally and psychiatrically impossible.

From the educational viewpoint, the teacher's chief focus of attention must necessarily be directed toward group needs, rather than toward individual needs. The successful pursuit of a standardized curriculum—especially for numerically large classes—subordinates the recognition of individual differences to the recognition of similarities in terms of learning. While a creative teacher with psychological insight relates to her pupils in a manner which takes cognizance of their particular personality needs, her role is essentially that of a professional engaged to transmit a formal body of knowledge to groups of children. This fact is completely negated by the film. It burdens the teacher with psychotherapeutic responsibility for two children—one, extremely withdrawn, the other apparently suffering from a behavior disorder—instead of advocating that teachers be trained to recognize emotional disturbances in children so they may refer them to an appropriate agency for help. In no part of the film is any mention made of other possible resources—school psychologist, the community clinic, the private psychiatrist, or the child psychoanalyst. The impression is conveyed that an adequate mental health program operates in the American public school system—which is far from true—and that this program is carried out by the teacher herself.

From the psychiatric point of view the procedures recommended for use in this teacher-therapy are limited and unrealistic. The etiology of the children's emotional disturbance is inadequately established and the dynamics of its dissolution remains a mystery.

The child's family background is briefly sketched; for example, Roy's mother overprotects him, the father ignores him. Roy's conflict is defined

as the need to feel grown up and be given recognition. No attention is drawn to the fact that Roy treats the world as his father treats him—with indifference—nor is his resistance to the mother's overprotection described as a necessary defense against the close bond between them that persists because of the father's indifference to both. Similarly, no indication is given as to why Jimmy's aunt, who behaves so lovingly toward him, is an inadequate substitute for his parents. She is not enough, says the film, explaining that his parents failed him when he needed them most. But this implication that emotional disturbances may be traced to the first years of life is later denied when the narrator, calling attention to the faces of a kindergarten group, states that "No repressions, fears, or doubts are visible in the eyes of these very young. There are no problem children."

An equally cheerful note of denial prevails in regard to the fact that a teacher is likely to encounter considerable resistance from the family in the attempt to fulfill her therapeutic mission. Even highly trained professional child therapists encounter serious obstacles when they seek to enlist parental cooperation in the child's treatment. The same factors which bring about the child's neurosis make it extremely difficult for parents, however well intentioned, to accept recommendations from an "outsider"—especially when improved handling of the child necessitates unconscious as well as conscious changes in parent attitudes. Thus the home visit, while better than nothing, cannot be expected to achieve spectacular results.

It is likewise unrealistic to expect emotionally disturbed children to improve radically through becoming involved in congenial extracurricular activities. Roy's participation in the construction of a relief map of the school grounds, which brought him recognition and gave him "far less time to indulge in anti-social behavior," would make a very small dent, indeed, in an authentic case of the type of behavior disorder portrayed. A stimulation of Jimmy's interest in the natural sciences would be highly unlikely to transform a withdrawn little boy, crushed in his earliest years, into an outgoing, athletic youngster. Children as disturbed as Roy and Jimmy would require some additional form of psychotherapy for lasting improvement.

In several places where the commentary does not fall into shallow redundancy and outright error, it is careful to anticipate possible misinterpretations on the part of the audience. For example, Roy's behavior in the classroom is described as only a symptom and the point made that "any of these children may show this tendency at one time or another." Had this point been thematically developed into a simple, straightforward account of how an understanding of individual differences enables a teacher to handle her group more skillfully by encouraging the creative and co-

operative impulses of each child, *Problem Children* would be a far more adequate and valuable film.

PRESENTATION: It is obvious that this film was not conceived as a visually developed story, but as a written talk. As a result, the visual material lacks organic continuity. It has, rather, an illustrative character, sometimes vague and general, sometimes more specific. As a result the film is disjointed and static. This effect is frequently heightened by poor synchronization between the narration and the visual scenes. For example, as the narrator describes Roy's character, a closeup of Jimmy intrudes on the screen; while stress is being laid on Jimmy's unhappy home life, a flashback of the kitchen scene appears, in which the boy is seen eating in the kitchen with his smiling aunt bending over him, filling his glass with milk.

Structurally, the film is loose and fails to utilize the special possibilities of the medium to enrich and deepen the educational message. The scenes are unimaginatively held to immediate situations. For instance, a closeup of Roy's father is sustained for some time as the commentary carries the full burden of describing his preoccupation with business, his disinterest in his family, and so forth. All of this could have been demonstrated. In another scene Jimmy's background is presented verbally (rather than seen) while Jimmy's teacher stands beside his desk in the classroom. These wasted possibilities result in too many insignificant shots of long duration, and the repetition of several of these through flashbacks contributes to the visual monotony.

The handling of the scenes themselves shows very little creative ingenuity. The teacher conference, for example, simply presents a number of teachers who are seen talking in the conference room. Since they are presumably planning projects to help children like Roy and Jimmy to adjust, closeups of class records and report cards could have been utilized to heighten audience interest.

In a similar connection, the production does not exploit the medium to fullest advantage for the transmission of psychological concepts. Only twice does it re-create the finer behavior syndromes which are so useful for purpose of instruction: in the reactions of the boys as they watch Roy smoke, and in Roy's nervous finger-tapping. The bulk of the symptomatic behavior shown is so general and gross as to be familiar to any audience, such as Jimmy standing alone on the outskirts of the group, or Roy bullying him in the classroom.

The introduction of a fictitious situation at one point heightens the artificiality of the film. To dramatize the implications of the teacher conference, Roy stands at the blackboard writing "I will be a gentleman"

while the commentary assures us that Roy's teachers "would never give him such an assignment." This goes far to strip the film of its slight aura of realism.

The acting is as adequate as may be expected within the limits imposed by an unimaginative script and the necessity for maintaining prolonged, static situations while the commentary says its piece. The inspirational pretensions of the musical score fail to conceal its triteness, just as the charming group scenes of younger children fail to compensate for the film's essentially amateur technical quality.

EFFECTIVENESS: The absence of any hint throughout the film that this therapeutic formula may not prove successful is potentially damaging to both the teaching profession and the mental hygiene movement. The psychologically naïve teacher who embraces this persuasive program and attempts to carry it out will meet with frequent rebuffs and disappointments for the various reasons given here. She may thus come to reject mental hygiene concepts in general, unaware that the procedures advocated in *Problem Children* violate established psychotherapeutic principles.

If the audience is not already confused by the film's implicit shift of emphasis from "understanding individual differences" to "treating individual problems" (though the commentary derives one from the other) it will become confused by a further shift occurring in the final section of the film. After the commentary summarizes the rationale behind Jimmy's and Roy's improved functioning and urges co-operative planning between home and school to help children develop mentally healthy personalities, a short section on the importance of physical health follows. The narrative claims that this is where the story should really begin. There is a strong implication that physical health in the earliest years is the basis for mental health in later childhood. Subsequent material on helping little children toward co-operative living and individual creative expression, while visually appealing, seems equally vague and anticlimactic.

In summary the film is limited by the following considerations: (1) The remedial procedures advocated are of little or no value for children suffering from more than superficial disturbances. Where actual pathology is present, these procedures may be definitely contra-indicated. (2) No recommendation is made for the diagnosis and treatment of emotionally disturbed children by the school psychologist, the community clinic, or the private psychiatric/psychoanalyst. The teacher is presented as the treatment agent. (3) The acceptance by various types of audiences of the principles outlined may have unfortunate consequences. Teachers who meet with frequent failure in applying these procedures will tend to devaluate the positive values inherent in valid mental hygiene concepts. Parents who

do not wish to recognize children's deeper emotional needs and difficulties will be lulled into complacency by the blithe optimism of the film and its suggestion that "teacher will take care of everything." The general public —or that part which prefers to remain unaware of the need for extending mental hygiene facilities—will draw the conclusion that the public school system provides adequate services in this respect.

UTILIZATION

While *Problem Children* is presumably for teachers and parent audiences, its use appears inadvisable. Because of its superficiality and erroneous concepts it will be of slight value to professionals operating in the field of child care, but might conceivably be utilized as a demonstration of the misapplication of psychiatric principles.

(30)

A PSYCHONEUROSIS WITH COMPULSIVE TRENDS IN THE MAKING:

Life History of Mary From Birth To Fifteen Years*

(From *Series of Studies on Integrated Development: The Interaction Between Child and Environment*)

THIS unusual film is part of an actual case record of a girl from birth to puberty. Using the genetic approach, it demonstrates the dynamic interaction between this child and her environment—principally the parents —and shows the limiting effect of the familial situation on her personality development. The film consists of selections from a motion-picture record taken during the girl's first five years, integrated and amplified into a complete ten-year case history by means of titles and supplementary printed material. Despite the relatively small proportion of visual as compared to written material, the film has great power as a living document for psychologically and psychiatrically oriented professional audiences, especially when presented by a trained instructor.

AUDIENCE: Psychiatrists, psychologists, clinical psychologists, psychiatric social workers, students of medicine and graduate psychology. Also of interest to pediatrists, obstetricians, and physicians and nurses in public health. Not suitable for lay audiences.

PRODUCTION DATA: 16 mm., black-and-white, silent, 1,320 feet, 55 minutes. *Years of Production*: 1935-1945. *Year of Release*: 1947.

* Title has since been changed to *A Character Neurosis with Depressive and Compulsive Trends in the Making.*

Country of Origin: U.S.A. *Sponsors*: Scottish Rites Committee on Dementia Praecox, Discretionary Fund of the Greater New York Fund, and private sponsors. *Author and Producer*: Margaret E. Fries, M.D., New York Infirmary, assisted by Paul J. Woolf, M.S.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $110. *Rental*: $6.00 per day.

ACCOMPANYING MATERIAL: *Instructor's Guide to a Psychoneurosis with Compulsive Trends in the Making,* by Margaret E. Fries, M.D., published by New York University Film Library, 41 pp. (mimeo.).

CONTENT DESCRIPTION

The story of Mary is divided into four reels, and the accompanying *Instructor's Guide* is designed to be read between them to acquaint the audience with case material relevant to each portion of the child's life as it is shown. As the guide is an integral part of the program, the following content description only partially indicates the scope of the case presentation.

An explanatory caption introduces the film:

"These scenes show spontaneous and typical behavior in hospital, home, and play group. The family were not rehearsed and their responses while being photographed were similar to those seen in other life situations. Since character structure cannot be determined by overt behavior alone, captions and film guide include more case data than is shown in movie scenes. These should be studied for comprehensive insight into the diagnoses and interpretations."

Lying-In Period: Mary is shown on the first day of life. She is classified as active, according to the author's tests differentiating between quiet, moderately active, and active Congenital Activity Types. Breathing is irregular and rapid; the infantile startle response is active and protracted. Mary also responds with increased activity to the author's "Presentation, Removal and Restoration Test" with bottle or breast. By way of contrast, a quiet child is seen falling asleep when breast nursing is interrupted.

The mother is observed nursing Mary. She displays aversion to this in her tense expression, her lip-biting, and her inept holding of the baby. She also prefers to nurse Mary through a nipple shield. An accepting mother, in contrast, is seen holding her baby in a tender and relaxed fashion as she nurses it. A caption explains that although the milk supply of Mary's mother varies and supplementary bottle feeding is necessary, breast feeding of the child is continued to gratify her need for maternal contact and her mother's wish to do the "right" thing.

The methodology of following a child's growth by repeated diagnoses and prognoses is described. Diagnoses are based on all known factors and include observations on Mary, her mother, father, maternal grandparents,

as well as significant sociological determinants. The prognosis, made on the tenth day, states:

"There is no reason to doubt that Mary's development will be satisfactorily integrated if psychotherapy begun with the parents can be continued and is effective. If not, she may be expected to require psychotherapy for compulsive traits, anxiety, and poor adjustment to the feminine role."

Ten Days to Two Years: This section depicts significant trends in Mary's physical and emotional growth, her spontaneous behavior in relation to the environment, and her interaction with each parent.

The mother's conflict over the maternal role is said to be in her voice, expression, handling, and general behavior toward Mary; sample shots demonstrate this. Breast feeding is stopped because the mother's emotional tension and discomfort outweigh the advantage of physical contact for Mary. The baby is seen to be very active, a fact which makes routine handling difficult, thus increasing the mother's ambivalence toward her. But, it is stated, her early walking and general vigor gratify her parents, and their approval in turn stimulates her to accomplishment. She is seen at twelve months walking well. Attention is frequently called to the evidence that although Mary is a recognizably superior child both mentally and physically, she shows very little pleasure in her activities.

The father's and mother's attitudes are contrasted when Mary is sixteen months old, as they present, remove, and restore an object to her. When the parents are asked to take a purse from Mary the father attempts to do so persuasively. The mother tries to grab the bag and meets with strong resistance from Mary.

At twenty months, Mary's bearing is so determined that a child six months older retreats when Mary approaches. Mary displays little emotion when she bumps herself, and in the mother's brusque wiping of the little girl's tongue we see how Mary experiences maternal care without warmth and indeed with aggression—an important influence in later character development.

The rechecking of the diagnosis at the end of Mary's second year explains that she is already disturbed in the emotional sphere; that her development is unfavorably affected by the parents' strained marital relationship, in which the father displays trends of submission and the mother of domination. The prognosis states that unless some improvement in the child's life situation occurs, her potentialities will probably not be fully realized. "Check for possible blunting of intellectual abilities," it concludes.

Two to Seven Years: During this period we observe the gradual inhibi-

tion of overt activity with loss of creativity in play and the appearance of neurotic symptoms in Mary, as she uses her activity in the service of repression.

At twenty-five months, the mother's attitude is indicative as she carries out another "Presentation, Removal, and Restoration Test." She takes a bag from Mary, who yields first, then tries to regain it. Ignoring test instructions, the mother takes Mary's doll from her, too. Mary withdraws and loses interest. This new reaction involves inhibition and sometimes replaces her formerly active responses. The mother is also seen to discourage Mary's natural attempt to imitate her as she cleans the playground slide. At thirty-three months, a title states, Mary interrupts many activities to wash her hands, informs other children that their hands are dirty, and threatens to wash her doll's mouth out with soap for using "naughty" words.

Mary is seen to be friendly, imitative, and daring in the company of older children who protect her and yield to her. In conflicts with children her own age she calls on her father for help. She also shows exaggerated fear after pushing over a toddler ten months younger than herself. At three years, she imitates her compulsive mother, wiping the slide and arranging objects to the exclusion of spontaneous play. At three and a half, she roller skates and jumps rope, but rarely smiles in her achievement. In new situations, such as taking the Binet test, Mary shows facial animation and naturally rapid movements.

At five years, in the author's "Going-After Test," Mary seeks her mother's help in blowing up a balloon, the object used. Her mother rebuffs and ridicules her. Mary looks crushed. By now she reacts with observable anxiety to her mother. Hand-wiping gestures increase; in fifteen minutes she wipes her hands seven times, four of which are seen. Interaction with other children decreases and her play becomes still more restrained. She becomes more compliant, as seen in the physical examination, a situation which she once resisted violently. Her anxiety shows in nose-picking, lip-biting, and closely watching the physician. When she is asked to help pacify a crying child, Mary becomes more anxious through identification with her. Mary's identification with others is also seen in her open-mouthed observation of a dental examination.

A still photograph taken at seven years is reproduced on the screen. Her wooden expression is contrasted by means of short flashbacks of several active and spontaneous scenes from her earliest years.

Seven to Eleven Years: Since no filming was possible from seven to eleven years, Mary's development during this period is summarized in titles which explain that it is now physically, intellectually, socially, and emotionally

unsatisfactory. She has not been given sex information and claims she does not think about sex. Controlled play tests have revealed castration anxiety, confusion regarding the feminine role, and strong sadomasochistic tendencies. Her Rorschach report states that she is "less adjusted and more inhibited than most ten-year-olds." It is felt that Mary's disturbances would have been even more severe if her parents had not undergone "preventive and superficial therapy." This case illustrates the importance of a dynamic approach to child development.*

APPRAISAL

CONTENT: This film is a meticulous documentation as well as a thorough longitudinal study of a child's life from birth to eleven years of age. By showing and describing Mary's development and by providing a thorough analysis of the material considered, the film attempts to demonstrate the dynamic conflict within the individual. It considers the effect of the interaction between child and environment, the parents being the most important factor. It shows how Mary's exceptional potentialities were thoroughly constricted. The father's positive relationship, supported by some psychotherapy, offset only to some extent the mother's predominantly destructive relationship and her inaccessibility to psychotherapy. The interpretation of this child's personality traits as pathological demonstrates that a profound cleavage may exist between society's concept of the acceptable, "adjusted" personality and the mental hygiene concept of a healthy personality. For Mary, an infant with high physical and mental endowment—eager, active, spontaneous, and precocious—gradually develops into an inhibited and depressive girl through interaction with her particular environment. By her tenth year she is an acceptable member of society; she is obedient, conforming, polite, and an average student. But how desirable is this repressed Mary to herself? Many of the traits which actually have their genesis in neurosis are those valued most highly by her family and teachers, and only an intimate knowledge of Mary's striking potentialities in her earliest years testifies that a more positive home environment could have produced an exceptional rather than a subdued personality. In these respects, Mary's life history is an indictment of a number of prevailing social mores.

The fact that this case is studied from the pediatric-psychoanalytic standpoint is evident also in the terminology. The author's use of the term "environment," for example, pertains here especially to parental influences, particularly the mother's interaction with Mary. Sociologically, the term has broader meaning, with emphasis on the community. From the psycho-

* New prints of the film and new copies of the *Instructor's Guide* will include a brief survey of the case at fifteen years of age.

analytic point of view, it might be argued that in the film insufficient emphasis is placed on the oral and masochistic components of the child's personality, but probably the author preferred to emphasize simpler and more easily understood concepts. Regardless of interpretive preference, however, the facts are present, and are substantiated by authentic documentation.

PRESENTATION: This is not a motion picture in the conventional sense. Rather, it occupies a position between the written report and the film report. It is actually a scholarly, scientific case report, illustrated by the most revealing means at hand—cinematography—and as such it is a valid and unique tool of research. These scenes from Mary's life are actual clinical observations. In order to obtain this spontaneous record it was often necessary for the author and her associate, Paul Woolf, to film under unfavorable conditions. As a result, the technical quality of the film is uneven and cinematically naïve.

There is little doubt that even under these circumstances more revealing material might have been obtainable and that individual sequences could have been visually more emphatic. But the material has been chosen with a psychiatrically knowing eye, and the significant and revealing scenes disclose the essential details of Mary's history with powerful precision. In spite of occasional brevity and jumpiness, the shots are telling—many of them unforgettable. The rejection Mary's mother displays toward her child as she nurses her and attempts to be tender; the way in which the mother rebuffs Mary's attempts to imitate her or to enlist her help in productive play with the balloon; Mary's attitudes toward other children; and the contrasts between the earlier Mary—active and bright—and the subdued, inhibited child of later years—these are scenes which a responsive viewer will not forget. As a matter of fact, the humble pictures of this film will provide him with a profound and unique experience: to see before his eyes how in a child, almost from the moment of birth, the groundwork of a neurosis is being laid by fundamental human interrelations, and how this neurosis develops, step by step, with inevitability brought about by the circumstances.

EFFECTIVENESS: Although the history of Mary almost seems compelling enough to stand alone as a thesis, it is actually heavily dependent upon intelligent and psychiatrically oriented interpretation for its validity. For this reason the non-psychiatric observer, unless he is prepared by discussion, may easily miss many of the symptoms brilliantly demonstrated in the film. It is easier for the average audience to accept the pathological implications of maladjustment when they are manifested in delinquency or gross misbehavior. Mary, however, is a character neurotic rather than a symptom neurotic, and her behavior is to be regarded as crippled from a

psychiatric viewpoint. Keeping clean is socially commendable, and a little girl who wipes her hands seven times in fifteen minutes may easily escape critical observation. It has been suggested in this respect that the titles, instead of merely indicating significant symptoms, should explain them more fully, but a trained audience will easily anticipate and comprehend the subtle implications of Mary's behavior.

It should be re-emphasized that this film is actually a written report with motion-picture illustrations. Even the oriented audience will require more validation than is contained within the film itself, because it is so much a part of the whole report which includes the written film guide. Just as it would be unsatisfactory to present tabular data from a scientific report without the author's interpretation, so it is necessary to present this film in its entirety, and preferably under the guidance of a competent specialist who has familiarized himself with the *Instructor's Guide*. It will then be an excellent study film for psychiatrists, psychoanalysts, clinical psychologists, psychiatric social workers, and students of medicine and graduate psychology. The film will also be of interest to pediatrists, obstetricians, and physicians and nurses in public health.

UTILIZATION

To obtain the fullest value from this film, it is recommended that the *Instructor's Guide* be read with the film. As the opening title of the film indicates, this accompanying guide is designed to provide proper insight into the diagnoses and interpretations. It is a 41-page mimeographed brochure containing the following data: (1) Exposition of general aim and methodology; (2) case history to be read with the film; (3) controlled play test procedure with child's responses and author's interpretations at ages five and a half, seven and a half, eight and a half, and ten years; (4) free play fantasies at ten years with interpretations; (5) Rorschach perceptanalyses at different ages of Mary and mother, by Z. A. Piotrowski, Ph.D.; (6) chronological table of child's development; (7) discussion questions and answers; (8) bibliography.

The guide not only contains the carefully prepared case study, but also extensive information on methods devised by the author to determine emotional, physical, and intellectual levels of children at various ages. In general, the case-history material is well geared to the film itself, although some might prefer to read the author's description of her theory of congenital activity types, based on the study of more than 200 infants, before, rather than after, the showing of the Lying-In section of the film.

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PSYCHOSOMATIC DISORDERS

(Navy Code No. MN-3428f)

THIS highly entertaining and technically superb motion picture presents the problem of psychosomatic disorders, illustrates the relationship between normal emotional response and the development of psychogenic pain, and offers a positive therapeutic approach to the relief of symptoms. The material is medically sound, and in general is presented in logical sequence, although there is a tendency toward oversimplification. Originally produced for group therapy use in the Navy, the film is adaptable to a variety of uses and audiences because it treats the subject in a straightforward, easy-to-follow manner, employing animation and "briefing" techniques which effect audience identification from the very beginning.

AUDIENCE: Selected patients, psychiatrists, psychologists, general practitioners, students of medicine, psychiatric social workers, clinical psychologists, nurses, non-professional audiences (with supervision).

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 800 feet, 22 minutes. *Year of Production*: 1945. *Country of Origin*: U.S.A. *Producer*: United States Navy, in collaboration with Pathescope Company of America, New York.

DISTRIBUTION: Navy Department, Bureau of Medicine and Surgery, Audio-Visual Training Section, Potomac Annex, Building 2, Room 304, Washington 25, D. C. Loan.

CONTENT DESCRIPTION

The film begins dramatically in a darkened room with a simulated fluoroscopic view of a human chest showing the heart beating and the thoracic cage expanding and contracting. "This is a heart," a narrator begins. He explains that it is a perfectly normal heart belonging to a second-class seaman. Fluoroscopic views of a head, a back, and a stomach are given similar treatment. These are parts of four different men. "They have one thing in common—pain."

The scene shifts to another part of the room where a Navy medical officer speaks directly to the viewer. He explains that the pain is genuine and that the cause is a real one—"an emotional cause." One important cause is fear. This commonly experienced emotion is dramatized by showing a couple riding on a roller coaster. A humorous animated sequence, illustrating physiological response to fear, takes the viewer from the pituitary and adrenals to the end products of fear—perspiration, "hopped-up" nerve cells, a mouth "dry as powder," and urinary urgency. This makes

sense, the narrating voice of the officer says, since it is a process by which the body prepares to act. Animation then presents amusing illustrations of increased visual and hearing acuity, the tensing of muscles, blood sugar rise, and increased heart rate. Afterward the body returns to its usual state, it is explained, and a drawing of a giant figure diminishes to normal proportions. Body responses to other emotions are dramatized by showing brief scenes, including a student during an examination, a crowd watching an injured pedestrian, a speaker at a political rally, and a marital squabble at the breakfast table which results in the husband's developing an upset stomach.

Two things make certain emotional responses important: (1) Exaggeration or increased intensity, illustrated by a series of lively animated drawings—"butterflies" in the stomach, a triphammer in the heart, a riveter in the head, and a back squeezed in a vise; (2) sudden onset without apparent cause. A man with intense back pain is shown three months after lifting heavy boxes during an LST landing. The narrator says, "You may feel yourself feeling the same way—nowhere near a battle, and yet . . . " Several patients are then seen in an examining room demonstrating their painful areas to a physician. "These patients are scared—so scared that it hurts. It's a matter of fighting the same old battle." After asking, "Why do these reactions occur in some people, not in others?" the speaker assures his audience that there are definite reasons—emotional reasons buried deep in the mind which keep trying to push their way out.

While a succession of symbolic animated drawings pass before the viewer, the narrator describes deep-seated hate, guilt, inferiority, or "fear of fear" which may underlie the symptoms and make the person feel uneasy. "You tried to put it out of your mind," the narrator says, and the screen is blank for a few seconds. Eventually the symptom grows and looks for a disguised means of expressing itself. The impact of battle upsets the balance so that the added pressure of anxiety throws the whole body off its usual pattern of performance. The result is a physical symptom that "really gets you down," illustrated by a sad little drawing-board figure trudging along. After danger the anxiety continues to press through the same physical symptoms until the sensation is a painful one. Finally, "your symptoms stand between you and the things and the people you like."

In a scene aboard ship a sailor drops his work and goes to the rail to empty his stomach. The narrator explains that body organs may react to express a hidden idea such as "I can't stomach this." A man seen seated at a table is "all fed up." A seaman rubbing his head illustrates "it gives me pain in the head." A sailor stopping to rest his tired feet conveys the idea "I can't stand it." A fellow with backache is saying symptomatically

"I can't bear this any more." The medical officer tells the audience, "If you can get to the cause you can get rid of your symptoms." Confidently he suggests that a physician can help to get to the bottom of the problem. "He knows your symptoms can come from hidden emotional problems." To illustrate the price one must pay for such symptoms the film shows several scenes depicting sleepless nights, pain, poor appetite, and inability to enjoy social company.

A happy sailor is seen walking jauntily through the park. The narrator reminds the viewer that he used to be a friendly fellow, but now he is just a symptom to his friends. Humorous animated bits depict him as "just a stomach," "a headache," and "a big throbbing heart." In order to get rid of symptoms, one must first accept them. The medical officer uses a desk lamp, his hand, and its shadow to illustrate the relationship between the individual, his symptoms, and the cause. As he moves his hand nearer the lamp (cause) the shadow (symptom) becomes larger; when the hand is moved away from the lamp the shadow grows smaller, but it does not disappear. To remove the symptoms the cause must be eliminated. The first step, the narrator suggests, is to accept the symptoms. A patient in an orthopedic bed moves into the picture, and an analogy is drawn between his physical handicaps and the handicaps of an individual with emotional problems. The narrator points out that this injured pilot knows five things about his disability "that you don't know about yours," *viz,*: (1) What got him where he is (a plane crack-up is seen); (2) that he must accept his limitations (the patient looks out of the window at a group playing ball); (3) how he stands with others (the patient is shown with visitors); (4) where he stands with himself (closeup of the patient smiling); and (5) that he will get better (the patient is supported as he attempts to walk). The medical officer tells his audience that when one knows these things, his symptoms will bother him less. "They won't cut you off from your surroundings." The pressure of hidden feelings will let up, and cycles of worrying and being uncomfortable will diminish. As the narrator informs the viewer that eventually symptoms will disappear and "you'll feel like your old self again," a sailor in the park whistles at a shapely young woman and bounds up a long flight of stairs in pursuit—all to the tune of "Anchors Aweigh."

APPRAISAL

CONTENT: This film, intended for Navy men with psychosomatic disorders as an introduction to the psychodynamics playing a role in symptomatic expressions of emotional response, is a highly entertaining and technically superb motion picture. It presents the problem of psychogenic somatic pain clearly, gives the viewer a basis for understanding the material

by first analyzing normal emotions, then proceeds to explain the psychic mechanisms involved in the production of physical symptoms. Finally therapeutic aspects are considered, and the patient is encouraged to seek help to get rid of his symptoms.

The subject has been treated superficially, for good reason. Dynamics, except for a few instances, are presented in a straightforward, easy-to-follow manner. Psychic and physiologic mechanisms have been simplified into concepts well within the grasp of the individuals for whom this film was made. The positive "have-an-illness" attitude expressed throughout the film has been enhanced by repeated references to four organ systems of the body which, from the patient's viewpoint, lends a degree of dignity to this type of disorder. Even the mere detail of omitting the term "psychiatrist" from the script seems to add an intangible dimension to the nature of idea content which the film conveys to the viewer; it is an unobtrusive subtlety well employed.

From the scientific standpoint, the material conforms to generally accepted medical and psychological concepts. That physical pain or discomfort may result purely on the basis of powerful emotional factors is tenable with fact and theory of modern psychiatry, both clinically and experimentally. At some points the logical stepwise development of an idea is incomplete. This is particularly evident in the attempt to show a relationship between deep-seated guilt or hate and the production of anxiety. A more serious criticism of the film, however, should be directed toward its oversimplification of a complicated and not always successful therapeutic regime. The narration implies that there is a simple solution to the problem, but it does not answer this important question. Learning five things which the injured pilot knows about his condition is not a guarantee that the emotionally sick individual will recover. "You'll feel like your old self again" is a promise that deserves some qualification.

PRESENTATION: The film is in essence an illustrated "briefing" in which the medical officer speaks to a group before him. It utilizes a variety of film techniques to develop the subject. The animation has been brilliantly executed. It is clear, easy to follow, visually pleasing, and humorous in good taste. Flat plane renditions are used to illustrate isolated ideas and to facilitate transitions. The reappearance from time to time of the drawing-board figure adds continuity to the animated sequences and helps relate the illustrations to actual psychosomatic mechanisms; the character change in the patient who has acquired somatic symptoms is expressed by his being transformed into an upset stomach or aching heart. The blank screen which follows the narrator's remark, "You tried to put it out of your mind," is very effective.

The sound is adequate, and the voice of the medical officer-narrator is easily identified throughout the film, although in two instances there is a slight change in voice quality. Background music and sound effects which themselves add definite emotional coloring to the idea content have been employed to introduce gradations of rhythm and mood that enrich both animation and narration.

Numerous special effects add immeasurably to the breadth of presentation. In one of the early scenes showing the medical officer speaking to the audience the backs of several heads appear in the lower foreground giving the illusion that the viewer is one of a group to whom the narrator directs his remarks. The personable qualities of the medical officer, the plain setting in which he is presented, the understanding physician who listens without comment while the men describe their pains, as well as the consistently professional performances of the actors are evidence of adroit planning and direction. This film has used to advantage techniques which are the unique domain of the motion picture.

EFFECTIVENESS: As an orientation film for demonstrating the mechanisms of psychosomatic disorders this film is superior. Its dramatic beginning in a darkened room commands attention, and a well-timed change of content presentation never allows the viewer to lose interest. In an effortless and entertaining manner it presents the problem and approaches a solution with a minimum of time and economy of idea. The basic idea it advances is that hidden emotional drives seeking some means of expression may, under the pressure of anxiety, find discharge under the guise of a somatic symptom which in turn becomes an obstacle that prevents the individual from enjoying people and the things he likes. If the cause can be determined and eliminated, the symptom will disappear. From the outset, the film captures the attention of its audience, utilizes the warmth and friendliness of the speaker to effect a strong positive transference, and then confidently proceeds with the subject.

The very excellence of this film is a factor which raises the question of its eventual influence on the viewer. By weight of authority, a motion picture produced by a group of well-informed individuals has an impact conceivably capable of overwhelming patient resistance; sudden removal of a strong defense mechanism in an unstable individual might result in an untoward response. Moreover, the question of how much this film actually mitigates or intensifies anxiety in patients is debatable. Certainly from the point of view of using it with emotionally ill individuals, concomitant psychotherapy would be desirable.

In addition to its effectiveness as a method of orientation or as an introduction to therapy, this film also merits consideration as a valuable teaching aid, at either didactic or general educational level. It is timely,

thought-provoking, technically adequate, and sound in idea content. Still one of its outstanding qualities is that it is delightfully entertaining.

UTILIZATION

This film has broad applications in psychiatry and allied fields. It is suitable for instructional or discussion use by psychiatrists, psychoanalysts, psychologists, medical students, clinical psychologists, psychiatric social workers, physicians in general, nurses, mental hospital personnel. It should be useful to anyone interested in the dynamics of a psychotherapeutic approach to psychosomatic disorders. Medical societies and mental health organizations may find this film pertinent to their interests. Certain nonprofessional audiences also may be shown this motion picture under the guidance of a qualified leader. It may be utilized by trained psychotherapists as a means of patient orientation with selected groups. As a didactic teaching tool or as a demonstrational film for professional audiences, this motion picture may be used to advantage.

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PSYCHOTHERAPEUTIC INTERVIEWING SERIES—*Part I*: Introduction

THIS film, the first in a series on psychotherapeutic interviewing, consists of a lecture attempting to introduce beginners to the principles underlying "insight therapy." The purely verbal, highly abstract, and concentrated presentation of the subject makes the film difficult to follow. It may have some value as a summary review of the principles, but can hardly be utilized for introductory purposes.

AUDIENCE: Students of psychotherapy.

PRODUCTION DATA: 16 mm., black-and-white, sound, 380 feet, 11 minutes. *Year of Release*: 1949. *Country of Origin*: U.S.A. *Producer*: Presentation Division, Veterans Administration, for Department of Medicine and Surgery, Veterans Administration. *Technical Advisers*: Jacob E. Finesinger, M.D., and Florence Powdermaker, M.D.

DISTRIBUTION: Requests for purchase should be addressed to Chief, Medical Illustration Division, Research and Education Service, Department of Medicine and Surgery, Veterans Administration, Washington 25, D. C. Loan from V. A. Central Office Film Library, United States Department of Agriculture, Motion Picture Service, Washington 25, D. C.

CONTENT DESCRIPTION

Seated informally on the edge of his desk, a narrator explains that

the film is offered for the purpose of orientation and presents general principles which may facilitate the learning of insight therapy. He reads a chart which contains "four basic principles of conducting insight therapy": (1) The development and utilization of an effective doctor-patient relationship, (2) the use of good-directed planning and management (3) the focusing of material; (4) the use of minimal activity by the doctor.

These principles are then discussed and elaborated in a seminar conducted by a psychiatrist. The students ask such questions as: "How do you accomplish an effective doctor-patient relationship?" and "Can the techniques for developing the proper doctor-patient relationship be learned?"; "What are the goals of therapy?"; "Can you give some examples of goals?"; "What is meant by focusing?"

The psychiatrist replies that ideally the goal of therapy is to cure the patient, but sometimes limited goals are necessary: (1) The development of a good relationship; (2) the production of material; (3) the working through of material. He introduces a chart containing a list of possible intermediate goals for the production of material during therapy: (1) Current symptoms or problems—detailed description; (2) pattern of reaction —examination of several episodes; (3) effect of patterns on current adjustment; (4) meaning and function of patterns; (5) historical development of patterns.

The psychiatrist explains that the principle of minimal activity by the doctor involves the use of the briefest and fewest interventions necessary to keep the patient on the subject. Sometimes it is necessary to use marked activity but only when minimal activity has failed. The risk of influencing the patient unduly and increasing his dependency on the physician must be considered.

APPRAISAL

CONTENT: This film, the first in a series on psychotherapeutic interviewing, consists of a lecture given by a psychiatrist in which he attempts to convey to a group of inexperienced students, through a series of carefully culled abstractions, the essence of his understanding of the principles underlying psychotherapy. The subject is treated in a highly abstract fashion, and no clinical material is offered for illustrative purposes. Psychiatrists will evaluate the theoretical basis of the film according to their own standards. For example, the principle of minimal activity, as set forth in the film, may not be considered minimal by those having either psychoanalytic training, or training in the Rogers type of non-directive psychotherapy. Psychotherapists with different theoretical orientations may find other principles more useful, and some will probably regard the techniques proposed in the film to be somewhat manipulative.

PRESENTATION: The film attempts with little success to make its purely verbal message more attractive by introducing a staged classroom situation. There is something artificial and stilted about the way the students break in from time to time with questions, while these questions, as well as the facile answers, do not carry conviction. The parallel effort to provide a measure of visual interest by frequent change of camera angle only tends to emphasize this artificial setup and stilted acting. The charts used to point out therapeutic principles and goals are too wordy and too complex to be of much aid in facilitating comprehension. The opening and closing music is inappropriate in this type of film. On the whole, the visual presentation in this film adds little, if anything, to the verbal material which could be more easily understood in written form.

EFFECTIVENESS: The stated purpose of this film is to provide an introduction to general principles which may facilitate the learning of psychotherapeutic techniques and make possible a better utilization of the techniques when they are acquired. However, the material is delivered in a highly concentrated and abstract form, and individuals not already well versed in psychotherapeutic methods and terminology may have a great deal of difficulty in understanding and retaining it. The concepts introduced are not operationally described and concrete examples are not provided so that the film is of little use to inexperienced students. On the other hand, the generalizations and principles will prove of little interest or usefulness to persons already trained in the field.

UTILIZATION

While it is difficult to see how this film could be utilized effectively as an introduction, it may be suitable as a concluding review of principles in connection with the showing of the entire *Psychotherapeutic Interviewing Series.* It might also be used in the concluding lecture of a psychiatric training course which has already covered the material in detail.

PSYCHOTHERAPEUTIC INTERVIEWING SERIES—*Part II*: A Method of Procedure

THIS film instructs on the procedure for conducting "insight therapy." A single unrehearsed psychotherapeutic interview provides the clinical background against which the procedures used are introduced and discussed. Although the interview is conducted with great skill, there is some overemphasis on focusing it on "the four basic principles of conducting insight therapy," which may lead to misconceptions on the part of beginners. For

this and other reasons the use of the film needs guidance by a competent psychotherapist. In spite of weaknesses in visual structure and execution, the film is a valuable source of study and clinical observation.

AUDIENCE: Students of psychotherapy. Also of value to interns, general practitioners, psychiatric social workers, guidance workers, and trained psychiatrists.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,120 feet, 31 minutes. *Year of Release*: 1949. *Country of Origin*: U.S.A. *Producer*: Presentation Division, Veterans Administration, for Department of Medicine and Surgery, Veterans Administration. *Technical Advisers*: Jacob E. Finesinger, M.D., and Florence Powdermaker, M.D.

DISTRIBUTION: Requests for purchase should be addressed to Chief, Medical Illustration Division, Research and Education Service, Department of Medicine and Surgery, Veterans Administration, Washington 25, D. C. Loan from V. A. Central Office Film Library, United States Department of Agriculture, Motion Picture Service, Washington 25, D. C.

CONTENT DESCRIPTION

Introductory titles state that the patients in this motion picture have been selected at random and have not been seen previously by the doctor. The interviews are spontaneous and unrehearsed. The film is for beginning students of psychotherapy and focuses attention on procedure rather than on dynamics, interpretation, or other related factors. As the narrator introduces the film, views of several patients talking to psychiatrists are shown. It is stated that the procedures shown in the film can be learned by any doctor.

The scene shifts to a classroom in which a group of graduate medical students listen to a psychiatrist who lectures on the procedure for conducting a psychotherapeutic interview. He reads from a chart containing four "basic principles of conducting insight therapy": (1) The development and utilization of an effective doctor-patient relationship; (2) the use of goal-directed planning and management; (3) the focusing of material; (4) the use of minimal activity by the doctor.

A continuous film record of a psychotherapeutic interview is then shown for the purpose of illustrating the technique of interviewing. Throughout the interview the psychiatrist is seated at his desk talking with a male patient. Titles are superimposed frequently to call attention to and to describe technical problems and errors on the part of the psychiatrist, as they arise during the course of the interview.

The patient exhibits marked lack of affect in his voice and face, as well as tense, rigid posture. He complains to the physician of painful sensations in his hip and right leg which have not yielded to previous treatment. The psychiatrist attempts to focus the patient's attention on the circum-

stances surrounding the onset of his symptoms. Through questioning and prompting, the doctor seeks to uncover the precipitating factors as well as the factors underlying the patient's neurosis. The connection between the patient's conversion symptoms and his rage is explored. The patient associates his "temper" with his neurotic attacks, and the relation of temper, muscular tension, and pain becomes apparent. The psychiatrist finally succeeds in producing a rather animated response when he concentrates the patient's attention on his temper and asks him to talk about it. The interview is terminated and another appointment is arranged.

The camera returns to the psychiatrist lecturing to his students. He explains what he attempted to accomplish during the interview. He repeats and summarizes the procedures used by showing illustrative flashbacks and also by replying to questions raised by the students.

APPRAISAL

CONTENT: An attempt is made in this film to provide the student of psychotherapy with an opportunity to enter unobserved into a psychiatrist's office and to participate vicariously in a first interview with a neurotic patient. The goal of the film is to show the beginning student how an experienced therapist conducts a psychotherapeutic interview and to acquaint him thereby with interviewing procedure. The interview is enhanced by the excellent device of superimposed titles calling attention to the technical problems faced by the psychiatrist as the interview progresses. The problems are then summarized and discussed by him at the close of the film.

The patient, who suffers from psychosomatic disorders, exhibits little interest in the procedure and slight insight or intuitive understanding of what the physician is attempting to do. However, this difficult type of patient is common and presents a realistic picture of situations which the therapist is likely to encounter in the clinic. The interview is conducted with great skill. It may be felt, however, that focusing the interview on the four "basic principles of conducting insight therapy" is somewhat of an overemphasis and presented in such a way as to make for possible errors of understanding. Despite the emphasis on "minimal activity" on one hand, there is, on the other, such great stress laid on the more subtle activity by the therapist in keeping the patient on the relevant items that the student may be led to believe that the therapist always knows—rather than *tries* to know—from the outset what, in the patient's productions, is relevant or irrelevant to the symptomatology.

PRESENTATION: The film is built around a continuous film record of a single, unrehearsed psychotherapeutic interview taking place in a psychiatrist's office (which was probably provided with strips of one-way vision

glass in two walls). The camera work is unimaginative, limiting itself to only two static angles throughout the entire interview, both giving a similar and rather distant view of therapist and patient. Since very little gross action takes place, this sort of filming results in a monotonous visual experience. On the other hand, the absence of any closeups prevents the audience from seeing clearly such facial expressions of the psychiatrist and his patient as may be significant from a psychological point of view. The same is true of small symptomatic gestures which are not high-pointed by the camera either.

An excellent device which, however, cannot compensate for the visual inadequacies of the film, is the use of superimposed titles which explain or underscore significant features of the interview as they occur. The effectiveness of the recapitulation sequence, in which highlights of the interview are reviewed and discussed, suffers indirectly from the weak camera work; the flashbacks from the interview fail to illustrate vividly the points made. Moreover, since in many successive flashbacks doctor and patient are seen in the same positions, these flashbacks give the impression of a continuous scene; this could have been easily avoided if short fade-outs and fade-ins had been employed between the flashbacks, instead of inappropriately used dissolves.

The charts used in the classroom sequence appear so distant or are shown so briefly that they can hardly be read. The device of staging the interview as a film being shown to a class of students is melodramatic and distracting in a film directed to mature professional audiences. The sound recording of the interview is irregular.

EFFECTIVENESS: The film possesses intrinsic validity as a teaching instrument. It represents a well-meaning and sorely needed attempt to record and analyze the therapeutic process. The willingness to face evaluation, and the acknowledgment within the film itself that the therapist may make errors, will certainly provide a healthy antidote to the anxiety which the beginning student so often initially experiences.

However, without a skilled discussion leader, students may miss many important implications in the film which can be understood only against some theoretical psychological framework which a psychiatrist ordinarily brings to an interview. The film alone does not provide the student with such theoretical preparation. Since the goals of the interviewing psychiatrist in relation to this specific patient are not explicitly stated, the student may infer that he is occupied primarily with technical problems related to the four "principles for conducting insight therapy." This impression is conveyed by the tendency on the physician's part to steer the patient's productions into specific channels, apparently determined by these principles.

Similarly, the therapist's explanatory summary may be easily mistaken for the actual basis of his clinical procedure. But it is clearly intuition and long clinical experience which govern what he says and does with the patient. This circumstance is unfortunately obscured in the film and may create a false impression. Students must acquire a broad perspective in order to make use of the principles of psychotherapy which the film presents.

Some of the superstructure of the film detracts somewhat from its usefulness as a teaching device, but the unique opportunity provided by the simple film record of an unpretentious psychotherapeutic interview offers valuable teaching possibilities. Filming of such an interview not only takes the student into the psychiatrist's office but also makes it possible to comment, review, and explain what occurs there.

UTILIZATION

This film is suitable for showing to graduate students in psychotherapy, fourth-year medical students, and psychiatric social workers, provided it is part of their course work and is introduced and followed with a discussion by the instructor. The film may be of interest to medical practitioners; if shown to them it should be interpreted by a discussion leader who is a trained psychotherapist. Persons already trained in psychotherapy will find the film interesting and instructive, for it will give them an opportunity to study and to compare their own work with that of an experienced psychiatrist in an *actual* clinical situation.

PSYCHOTHERAPEUTIC INTERVIEWING SERIES—*Part III*: An Approach To Understanding Dynamics

THIS motion picture is the record of an unrehearsed interview filmed in a psychiatrist's office. The original clinical material is supplemented by comments pointing out the demonstrated phenomena of repression, conversion, distortion, anxiety, and of other dynamic processes. In spite of unimaginative camera work and partly inadequate sound recording, the film provides valuable material for study and observation, especially if used by a trained instructor.

AUDIENCE: Students of psychotherapy. Also of value to interns, general practitioners, psychiatric social workers, guidance workers, and trained psychiatrists.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,180 feet, 33 minutes. *Year of Production*: 1947 (?). *Year of Release*: 1949. *Country of Origin*: U.S.A. *Producer*: Presentation Division, Veterans Administration, for Department of Medicine and Surgery, Veterans

Administration. *Technical Advisers*: Jacob E. Finesinger, M.D., and Florence Powdermaker, M.D.

DISTRIBUTION: Requests for purchase should be addressed to Chief, Medical Illustration Division, Research and Education Service, Department of Medicine and Surgery, Veterans Administration, Washington 25, D. C. Loan from V. A. Central Office Film Library, United States Department of Agriculture, Motion Picture Service, Washington 25, D. C.

CONTENT DESCRIPTION

Introductory titles state that the patients to be shown in this series have been selected at random and have not been seen previously by the doctor. The interviews are spontaneous and unrehearsed.

A narrator explains and introduces the film. As he talks, a patient is shown seated at a desk with a psychiatrist. The narrator explains that as the doctor encourages the patient to talk about his symptoms, an opportunity will be afforded to observe and learn about the mechanisms and dynamics underlying the patient's problem. A tense and hostile patient is then shown and the narrator offers the suggestion that repression may be present and that observation of the patient as he talks may lead to clues by which the repression may be revealed.

The symptoms of a neurosis are like the parts of a jigsaw puzzle, the narrator explains, and the doctor must try to fit the pieces together until the whole pattern emerges in complete detail. Speaking directly to the camera, the narrator then says that an entire first interview with an emotionally disturbed patient will be shown. "You are invited," he says, "to make your own interpretations as we go along. . . . Perhaps you will see things that the doctor misses. . . . It will give you an opportunity to check your own hypotheses against that of the doctor."

The scene shifts to a psychiatrist seated at his desk interviewing a male patient who complains of difficulty in concentrating, loss of appetite, and vague but painful gastrointestinal distress. The doctor is minimally active and the patient does almost all the talking. He describes in great detail his combat experiences in the United States Navy during the war and recounts to the doctor the first time that he became aware that he was "cracking up." Fugues, disorientation, anxiety attacks, and traumatic episodes are described by him.

The doctor explains to the patient that a connection may exist between situations of extreme danger and the outbreak of the symptoms and succeeds in producing the beginning of insight on the part of the patient. The patient is, however, not ready for insight at this stage in therapy. The doctor terminates the interview with the suggestion that progress has been made.

The scene shifts back to the narrator who discusses the dynamics underlying the development of hysteria and conversion symptoms. He chooses

examples from the sample interview to illustrate his analysis. He uses flashbacks designed to show the patient's unconscious fear of his own hostility, as well as examples of displacement. In concluding, the narrator cautions, "It must be remembered that these are hypotheses which can effectively be used in treatment if they are valid; and they are not the only hypotheses which the material would warrant."

APPRAISAL

CONTENT: This film, the third in a series on psychotherapeutic interviewing, attempts an approach to the understanding of psychodynamic processes. It places the student in a psychiatrist's office and gives him the opportunity to participate vicariously in an actual clinical situation. There are many commendable features about this film. First of all, one is impressed with the modesty displayed in the narration. Overgeneralization is avoided and the possibility of error is acknowledged. The limitations of the film are defined. The viewer is invited to make his own interpretations of the data which may have been overlooked. He is advised to formulate hypotheses of his own and to check them against those formulated in the film. This detached and objective approach not only creates a receptive attitude toward the film, but also provides an exemplary demonstration of the optimal scientific attitude which a professional therapist should entertain toward his work.

The interview itself is, on the whole, conducted with excellence, as well as therapeutically fruitful. It proceeds rapidly and the patient verbalizes freely. The physician is careful not to interrupt or to sidetrack the patient. The economy of effort which he displays to accomplish his goals will astonish both those trained as well as untrained individuals who assume that constant activity is required to get a patient to produce. The audience in training may regard the therapist as a shade too defensive; he may appear cold and unaccepting. For example, the lecturer in the film calls attention to the fact that instead of ventilating the patient's clearly expressed hostility toward doctors, the physician seems to avoid it.

PRESENTATION: As the second film of this series, *A Method of Procedure,* this one, too, suffers from inadequacies of camera work and sound recording. Here again there is hardly a change of camera position and size of view throughout the entire long interview. The lack of visual detail makes it difficult to observe facial expressions and small symptomatic gestures of doctor and patient. As in the previous film, the flashbacks used in the recapitulation of the interview are not only visually insignificant but also confusing in those places where successive flashbacks make the impression of a continuous scene because of the inadequate film technique. The

sound recording of the interview is very poor in places; many sentences are indistinct, and it is often difficult to discriminate between the voice of the physician and that of the patient. In contrast, the narration is well recorded.

EFFECTIVENESS: After exposing the viewer to the raw data produced by the patient, the film enables him to compare his own hypotheses with those suggested to him by the narrator who analyzes the dynamics underlying the interview in a summary at its close. The balancing of the actual clinical demonstration with the pedagogic use of the material contained in it is a particularly effective teaching technique. Unfortunately, the effectiveness of the film is somewhat impaired by the shortcomings of the camera work and sound recording.

The structure of the film aims at making it a self-sufficient teaching instrument; but the record of the interview is so rich in material that it cannot be exhausted in the explanatory portions. The opportunity given the viewer to do his own thinking about the interview provides a source of direct participation by the student audience. The clinical data are embedded in a careful narrative which is exceptionally effective in establishing just the right compromise between an attitude of receptivity on the part of the audience and an attitude of critical objectivity. The film is balanced in such a way that the theoretical framework does not detract from or outweigh the essential clinical portion.

UTILIZATION

This film offers a clinical demonstration which may be used in connection with training courses in psychotherapy. In addition, it will be found profitable by medical interns, general practitioners, nurses, psychiatric social workers, and others who conduct interviews which possess therapeutic possibilities. Trained psychiatrists will find the film a source of rewarding observation. The film can be utilized most effectively if it is discussed by a trained lecturer.

(33)

THE QUIET ONE

THIS brilliant film uses scenes taken on location to tell the story of Donald Peters, a Negro child who is the product of a broken home. The camera selects material from the world in which Donald moves in order to project his desolate interior life onto the screen. We see how therapy can be initiated with such a child if he is placed in a less punitive environment and provided with accepting adult figures with whom he may identify. So

sensitively are Donald's experiences handled that even the untrained observer can learn a good deal about what goes on in the mind of a disturbed child, while for the trained person the film offers a wealth of symbolic material for discussion and elaboration.

AUDIENCE: The general public, students and professionals in the fields of education, psychiatry, and social work.

PRODUCTION DATA: 16 mm., black-and-white, sound, 2,400 feet, 67 minutes. *Year of Production*: 1948. *Country of Origin*: U.S.A. *Producer*: Film Documents, Inc. *Technical Adviser*: Viola Bernard, M.D. *Script*: James Agee. *Director*: Sidney Meyers. *Music*: Ulysses Kay.

DISTRIBUTION: For 35 mm.: Mayer-Burstyn, Inc., 113 West 42nd Street, New York 18, N. Y. For 16 mm.: Athena Films, Inc., 165 West 46th Street, New York 19, N. Y. *Lease*: $360. *Rental*: $40 (one day), $55 (two days), $60 (three days), $80 (full week). (A print of this film is available through the Film Library, Committee on Medical Motion Pictures, American Medical Association, 535 N. Dearborn St., Chicago, Ill. at a service charge of $8.)

CONTENT DESCRIPTION

Sharp eyes peer through leafy bushes. The sounds of small boys, Negro and white, playing hide-and-seek mingle with the call of birds. "By all rights," the commentary says, "they are ordinary children, but circumstances have deformed them. The root of most of their troubles is that nobody has ever wanted them." One boy sits off by himself, alone at the edge of a pool. He is Donald Peters, a quiet one, one of eighty boys whose maladjustment has brought them to the Wiltwyck School at Esopus, New York. The school's psychiatrist watches Donald. "We learned his story slowly," he says. For a long time Donald remained alone, never speaking, making no friends. Other boys received mail from the outside world, but there was never any mail for Donald. "But there *is* progress," says the psychiatrist. "Donald used to hide and suffer. Now he wants me to know."

In the classroom at Wiltwyck there is pandemonium. Everyone seems bent on following his own inclination—some are drawing, some building, some fighting, others throw books about. Mrs. Johnson, the teacher, interferes with none of them. "Children . . . must be sure they are liked before they will like you. Until they like you, they can't begin to learn." Mrs. Johnson writes a sentence on the blackboard that contains the word, "baby." For Donald, sitting apart, the word stirs up a whole complex of feelings and memories. We see a snapshot of the baby Donald playing in the sand at the beach. Surrounding him are his mother, his grandmother, and—his head out of the frame of the picture—Donald's vanished father. All the boy's overflowing resentment at the neglectful adults in his life—returns with the memory.

It is early morning in Harlem, and the grandmother is searching the deserted streets for Donald. The boy did not come home last night; he slept in a coal cellar. When the coalman brings him home, the grandmother is ashamed and furious, "Stayin' out all night like your mother used to. Lookin' at me cold as a clam. You got bad blood—and I know who you got it from!" Donald laces a bit of string through his fingers. The grandmother, infuriated by his silence, flails at the boy with an electric cord, "the familiar pattern of pain and fear and violence." Preparing to leave for the day, she pours Donald a glass of milk and spreads peanut butter on a slice of bread—"duty without love." Donald, as a peace-making gesture, gathers up her handbag and tries to give it to her but she suspects him of trying to steal her money and pushes him off.

Now she is dragging Donald to school. Donald hates school, and as soon as Grandma has gone, he sneaks out of the building again. He wanders aimlessly through the teeming life of Harlem's streets. "The streets can be a wonderful school," says the commentator. "But Donald's kind of freedom is solitary confinement." Home offers no refuge either. Here he soon falls prey to boredom, sadness, and rebellion. In a cold fury he beats his hand with the same cord his grandmother had used on him earlier. He ransacks the apartment in search of money, discovers some in a teacup and pockets it.

Outside again, Donald buys himself a large bag of candy. Almost immediately he is accosted by two older bullies who befriend him as long as his money lasts. Finally they shove Donald aside, forget about him. Donald has failed again in his pathetic efforts to make friends.

In the shadows of a Central Park underpass he sees a small child running to its mother. "Maaama, maaama, maaama," the boy mimics in his resentment. He visits his mother's apartment. There are sounds of quarreling as he rings the bell. Hopefully he looks up at his mother when the door opens. After a moment of cold indecision—"Well, come on in." Donald walks aimlessly about the room while the angry scene between Donald's mother and the man she is living with goes on, sordid and nasty. Their baby lies on the couch, but when Donald tries to play with it, it bursts into tears. The boy receives another reprimand. The two decide to go out and leave Donald to mind the baby. At the door the woman turns to her man, "Have you got something to give the kid?" Donald hears it, stiffens. Without a word he takes the coin, then flings it wildly from him as soon as the door is closed.

As the baby wails, Donald looks at his own reflection in the mirror of his mother's vanity table, distorting his face hideously, grotesquely. Wild with disgust, he plunges his hands into the cold-cream jar and smears it on the glass, obliterating the hateful image of himself. Coldly furious, he runs

from the house, kicks out of his way the little children playing peacefully on a vacant lot. Grabbing a rock, Donald smashes it into the fenders of parked cars then, with deliberate malice, throws it through a plate-glass window. . . .

"And so Donald came to Wiltwyck," the commentator resumes. A stone splashes into the pool at Wiltwyck. "Once a year at Wiltwyck the fish run so thick in the neighboring stream that it is possible to catch them with spears." The boys are doing this now, while others prepare for a fish fry. Donald watches Clarence, the counselor. Finally he offers to light his cigarette. This is how he makes his first friend. Through his new friendship with Clarence, the boy begins to open up.

In class one day Donald models clay into the form of a seashell. Suddenly the movement of his hands reminds him of that snapshot. It is the same movement he made years ago in the sand. "The bottom of memory has opened and engulfed him"—Donald destroys the shell in a panic. For a time he withdraws again, but one day, when he comes indoors after being caught in a rainstorm, Clarence catches him up immediately, removes his wet clothing, and dries him off. Now, Donald feels the new glow of being comforted. He joins the other boys who are cooking pancakes over an open fire.

"Everything goes better for Donald in the next few weeks," the commentator resumes. "He plays with the other boys, he will begin to read, he will finish his shell. Donald has his first real sense of accomplishment." Now Donald joins in the horseplay of the boys in the dormitory, imitates Clarence shaving in the washroom. The shell, completed, he gives to the social worker to send on to his mother. But his mother has disappeared, the psychiatrist tells Donald.

Shell in hand, the boy goes down to the water's edge. "What Donald is doing," says the psychiatrist, "takes real courage, a will to live." Donald sees his reflection in the water, but it no longer repels him. He fills his shell with plants and carries it to Clarence's room. There he strums his friend's guitar, tries on his coat. Suddenly, from the window, he sees Clarence accept a light from another boy. In a fury of jealousy he rips off the counselor's jacket, takes back his shell, and goes through his dormitory overturning cots, throwing dirt on the sheets, trampling and destroying.

The returning boys catch Donald, hold him, rip open his own locker, toss out his most precious possessions, tear out the beach photograph, his only link with his lost family. Clarence rushes into the dormitory. "Why did you do it?" he demands of Donald, ordering him to straighten out the beds and the others to replace his things in his locker. Donald, unable to explain, silently obeys.

The psychiatrist decides to let Donald reach understanding in his own way.

The boys are watching a basketball game. Clarence has carelessly tossed aside his jacket. On an impulse, Donald furtively scoops up the treasured lighter from the pocket and makes off through the woods. He is running away. On the main highway a gas station attendant sees him and notifies the school. Clarence starts after him. As Donald walks along the railroad tracks leading to New York, the psychiatrist explains. "There are things no one can ever find out for you or tell you. As the day grew darker, Donald found them out for himself." For the first time Donald sees the home and grownups he had broken his heart over for what they really are, rather than as he wished them to be. As he turns around and, of his own accord, begins to retrace his steps, Clarence catches up with him. Together they walk back to Wiltwyck.

Donald returns the lighter to Clarence—"and with it," says the psychiatrist, "he gave back the extravagant emotional claims he made on Clarence. With the experience on the tracks, the baby died. A child was born. This story has no happy ending, but the worst of Donald's loneliness is over. We can help him now. We can try to equip him for the future."

Against dark silhouettes of the city's slum areas the narrator speaks of future generations who will live here, "each impressing his own problems on his children, like mirrors locked face to face . . . an endless corridor of despair." As long as these slums are standing, he concludes, there will be other Donalds, other unhappy boys whom "lovelessness may drive to sickness and to crime."

APPRAISAL

CONTENT: This moving and effective film solves no problems and is the better for this lack. For what it attempts to do is to present several substantial shadow-pictures of a disturbed child's shadowed world. Somewhere outside this world is the real world that causes the child to develop as he does, but that world never appears with any more solidity than the inner world of the child. Thus, while *The Quiet One* is a damning social document, it is not primarily a sociological film, because Harlem—or any other depressed area—is not simply what Donald and the camera see. The streets of a city can be a place of high adventure for a child; back alleys can be places to explore, cellars and trash piles a source of deposit bottles, magazines, and funny papers, stores a vision of dreamed luxury.

Certainly life in Harlem is not so depressing as the life Donald sees. For though Donald lives in Harlem, his specific difficulties are not the result of his being a Negro, or of being poor, or of living in a bleak and underprivileged community. His problem is the problem of a loveless child.

It may be the broader economic world which has created his situation. The film does not show this, though the commentary asserts it and we intuitively assent, for the world certainly conspires with the personal forces that have laid Donald's spirit waste. But the desolate setting is selected as a projection of Donald's inner desolation.

From the first we move through Donald's universe, seeing through his eyes the squalid Harlem streets and the faces of the people he scrutinizes in his aimless wandering. The misery of his grandmother's apartment is mirrored in this picture of Harlem.

The reduplicating images of the physical world in which Donald moves are counterpointed by his barren social life. For Donald is a boy who has no figures with whom identification could provide some sort of strength. From this point of view the film is particularly rich, psychiatrically, and might lend itself to a discussion of Donald's particular modes of identification and their relation to his personality pattern. From the start we are aware of his isolation—his father's head is missing from the snapshot of the family taken at the beach.

This poetic visual statement of the fact that Donald has no positive identificatory models in his social world is repeated in his personal relationships. He is repulsed when he makes a friendly gesture toward his grandmother by picking up her purse. Nevertheless, he does identify with her, beating himself experimentally when he is alone in the house. He identifies with his father; he runs away. He identifies with his mother and tries to play with his stepbrother. Later, identifying with her rejection of him, he kicks younger children out of his way.

It is as the climax of a series of rejections that Donald, standing at his mother's dressing table, frantically smears the mirror which reflects his grimacing image with cold cream. This single desperate act lends itself to multi-level interpretations. He is eliminating his face, expressing the lack of satisfactory identifications which makes it impossible for him to derive any pleasure from the contemplation of his own image. He is killing himself, expressing his hatred of himself and of the destroying adults who will not give him enough of themselves to enable him to become a person. He is identifying with his destroying mother and destroys her, not only as the image of himself is destroyed in her looking glass, but also by destroying her property. Finally, he is regressing to a pattern of anal assault.

Other scenes show the way in which Donald fights against regression. As he walks through the tunnel in the park he mockingly imitates the younger child crying "Mama, mama."

The psychiatric technique to which Donald is exposed is alluded to but never made really clear. One gets the impression that it involves a free-play situation with the possibility of acting out given wide range, and

with accepting adult figures as models. But the vagueness of the therapy averts what is a more glaring error in many psychiatric films, where cure is accomplished with truly miraculous dispatch. In *The Quiet One* the commentator emphasizes that Donald's psychic resolution as he walks along the railroad tracks and his return of Clarence's lighter are only the beginning—that only now can they even begin to help the boy at Wiltwyck.

PRESENTATION: Single and repeated visual symbols evoke the quality of Donald's experience and show the extent to which the production team made use of psychoanalytic concepts. The shell Donald models at Wiltwyck recalls the early beach scene to him. The stealing of Clarence's cigarette lighter is an act of stealing love which is understood and not punished; it enriches him, whereas stealing his grandmother's money did not. The recurrent theme of image reflection—the mirror, the store window, the stone striking the store window and the water in the lake—suggest not only the repetitive quality of Donald's experience, but its introspective self-destructiveness. His passing through the tunnel in the park, then walking directly down the long, narrow hall to his mother's apartment are visually, as well as thematically, a return to his mother's womb. The boys chasing butterflies while Donald, withdrawn and solitary, chases his ideas and his image of himself, the escape along the railroad tracks—all are symbols that spring naturally from the context of the story.

Though actual settings are used throughout, with concealed hand cameras shooting the scenes on the sidewalks of Harlem, the camera work is so eloquently selective that the scenes turn into an exteriorization of Donald's mood which is quite as effective as highly controlled studio work. This sensitivity fills the beautifully written narration and the perceptions with insights that could hardly be otherwise attained by an untrained observer.

EFFECTIVENESS: Unlike many films which depend heavily on commentary, this film, which has won many prizes for cinematic excellence, utilizes the documentary technique to fullest advantage; commentary, dialogue, natural sound, music—all combine to present an awareness of what it means to be a distracted and probably pre-schizophrenic child who views the world as a projection of his internal misery. It is to the film's credit that it does not attempt a convincing picture of psychiatric cure. Rather, it shows how a child responds to a positive and therapeutic personality—Clarence—in a less indifferent and punitive setting—the Wiltwyck School, and how the latter resolves the key problem in psychotherapy, that of establishing communication with the patient.

UTILIZATION

The film may be presented to the general public or it may be used as a case study by professional groups of educators, psychiatrists, sociologists, and social workers. It may be of advantage to postpone discussion of the film for several days in order to allow time for the audience to assimilate its emotional impact and its multi-level content.

(34)

SHADES OF GRAY

(Army Code No. PMF-5047)

PREFACED by orientational exploration of general mental health concepts, this film offers a comprehensive survey of the United States Army neuropsychiatric program. Standardized hospital procedures of treatment and rehabilitation as well as narcosynthesis, hypnosis, individual and group psychotherapy are demonstrated. The introductory considerations on gradations of mental health—the "shades of gray"—are more convincing than the programmatic exposition, which tends toward optimistic oversimplification. Although well produced, the film is too complex and may have too high an idea-density for easy absorption. It may, however, be presented in two sections.

AUDIENCE: Army officers, physicians, medical students, nurses, hospital personnel. Psychologists, psychiatric social workers, relatives of psychiatric patients in Army hospitals.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 2,369 feet, 66 minutes. *Year of Production*: 1947. *Country of Origin*: U.S.A. *Producer*: United States Army.

DISTRIBUTION: United World Films, Inc., 1445 Park Avenue, New York 29, N. Y. *Sale*: ~~$79.20.~~ Address loan requests to: Commanding General, Attention: Surgeon, Headquarters, First to Sixth Army (according to location of film user). First Army, Governors Island, New York 4, N. Y. Second Army, Fort George G. Meade, Md. Third Army, Fort McPherson, Ga. Fourth Army, San Antonio, Tex. Fifth Army, Chicago, Ill. Sixth Army, San Francisco, Calif. Also available from educational film libraries on loan or rental.

CONTENT DESCRIPTION

An opening title emphasizes that neuropsychiatric problems in the military service, though differing sharply from those in civilian life, are equally important. Brief scenes from the lives of six soldiers serving in far-flung branches of the Army introduce the central theme. A new recruit is unable to throw his live grenade after pulling the pin, a sentry is overcome by a wave of sadness as he mans his lonely outpost, a private reports on sick

call, unable to stand erect, a young officer loses his memory and is picked up in an overseas town, a G.I. attacks his messmate for poisoning his food, a soldier in combat flings himself on the ground, frantically clawing the earth. All these men are suffering some form of psychiatric disturbance, says the commentator. Against a background of marching scenes the point is made that while the United States Army is rugged as a group, no single man has 100 per cent physical health. Figuratively speaking, he is neither white nor black, but rather some shade of gray. This principle also holds for mental health—no man is without some little fear or tension.

The foundations of mental health are laid in infancy, continues the narrative. As with physical health, the newborn has very little immunity to mental stress but develops resistance in varying forms and strengths. The life histories of two soldiers are traced. Bill Brown, the combat soldier, is seen as a baby and growing boy. His mother encourages his sense of security, he learns to co-operate and to compete, he develops respect for authority as well as the ability to make independent decisions. "His shade of mental health is light gray." Joe Smith, the soldier who could not throw the grenade, is an overprotected boy, socially isolated in childhood and still emotionally dependent on his family as he reaches manhood. "His shade of mental health is a fairly deep gray."

Pictographs of the high incidence of mental disturbance in the national population introduce the idea that the Army is selected from this very source. An induction interview is shown, with the comment that this examination eliminates only those who display overt pathology or anamnestic evidence of psychic disturbance. Prognostically, too, it is difficult to evaluate inductees; an animated cartoon illustrates how men of light gray mental health may quickly break down when subjected to inordinately heavy stress, while men of dark gray mental health may withstand the strain of Army life if they are subjected to only minor stress.

Adjustment to the Army is difficult enough for the average G.I. In basic training a father is seen tossing restlessly in his bunk. Life here is contrasted to the evening's welcome from his family after a day's work. Joe Smith is shown digging a trench, sweating it out on K.P., failing on the obstacle course, eating and sleeping poorly. Joe has to work twice as hard as most of the men, says the film, because he is already depleted by long-standing emotional conflicts. Flashbacks of Joe's breaking point and those of the other five soldiers appear, with their medical diagnoses—Joe Smith, anxiety neurosis; the sentry, depression; the lost officer, amnesia; the soldier with bent back, conversion reaction—all these are forms of psychoneurosis. The man who believed his food was poisoned has a psychosis.

"During World War II the neuropsychiatric admissions to Army hospi-

tals in the Zone of the Interior alone came to over 600,000." Morale building is mentioned as an important preventive measure against breakdown. An orientation lecturer informs a class of line officers about fear, explains the outstanding symptoms of emotional disorder, and recommends early recognition and treatment.

Joe's experience exemplifies these points. Joe is seen in combat training, frozen with anxiety, staring at his grenade. His trench partner tears the grenade from his hand, throws it, and Joe is led off by the C.O. In psychiatric interviews that follow he describes his homesickness, crying spells, and suicide fantasies. Joe is reclassified to limited service as company clerk. Therapeutic interviews continue until he finally improves and expresses the wish to "prove himself" on active duty. The sentry is transferred to a busier post. While the bent-back case boards an ambulance the commentator explains that some men require longer treatment. Severe neurotics and psychotics need separation from duty—"those who remain are the cream of the service." But as the battle begins, neuropsychiatric casualties multiply. An exhausted Bill Brown is seen, pinned down by enemy fire for days and using up his last few rounds of ammunition. "Even the toughest may reach the breaking point." Bill succumbs to battle shock. As the ambulance collects him the narrator states that he has been returned behind the line for immediate care.

The second half of the film deals with Army treatment facilities and techniques. Bill Brown is interviewed by a medical officer in the combat zone. He feels confused, shows panic and severe tremor. Another soldier is interviewed who does not manifest pronounced outward signs of disturbance but feels shaky "more inside than outside." The latter is sent to a Division Area where he sleeps, relaxes, and enjoys more normal social relations. After a period he feels calm and rested and is sent to a retraining unit where he receives a short course of exercise and combat training. A third soldier is interviewed whose retarded speech and action indicate deep depression; who "can't stand seeing dead people," and feels he should be "in a stockade." He is sent for prolonged psychiatric treatment in another zone and later evacuated to the United States. Another seasoned soldier who "can't stand shelling, can't lead the men any more, might get them killed or wounded," is described as suffering from "Old Sergeant's Syndrome." He is referred for prolonged psychiatric treatment and is subsequently reassigned to non-combat duty. Bill Brown, also improved, is shown talking to the psychiatrist; he doesn't really want to return to active duty but thinks he ought to.

An amnesia victim is shown reliving his battle experiences under the influence of an injection. Narcosis, though no cure-all, reduces the danger of chronic neurosis, says the commentator. A diagram clarifies the evacua-

tion procedure from combat to return to the United States and shows the statistical breakdown of case management at each step of the way.

The United States Army convalescent hospital is now portrayed. Here all techniques employed are surveyed by the film—individual psychotherapy, narcosis, hypnosis, and electroshock. Continuous tub and wet pack are described as useful for sedation. Group therapy is demonstrated as a support for individual treatment. Patients are seen participating in arts and crafts, supervised exercise, competitive games, and social dancing. Throughout all these activities, emphasizes the commentary, there is continued individualized contact. The once-depressive patient who feared dead people and underwent prolonged treatment is shown bidding his psychiatrist a friendly farewell.

As the film ends with flashbacks, the cardinal points of the Army neuropsychiatric program are recapitulated: Careful screening, preventive educational orientation in mental hygiene, cooperation and the understanding of early symptoms. Until proven otherwise, all neuropsychiatric casualties are regarded as salvageable, concludes the narrator, calling for greater general enlightenment on the "shades of gray."

APPRAISAL

CONTENT: This ambitious production—a psychiatric *March of Time*—deals with the United States Army program for the detection and cure of neuropsychiatric disorders. Four main themes comprise a mass of highly condensed material: The general meaning of mental illness and the concept of normalcy, the etiology of mental disturbance, the diagnosis of specific symptoms among the servicemen and, finally, the organizational disposition and treatment of psychiatric casualties at various Army installations.

Perhaps the most valuable portion of the film as an instructional aid is that devoted to the definition and etiology of neurosis. The *Shades of Gray* concept is a valuable one, refined quite carefully in this film to dispel common misconceptions as to absolute differences between normal and insane. A detailed narration, two case histories, and a particularly graphic animated sequence emphasize that a person of fairly light gray mental shade may be reduced to the breaking point through excessive pressure, while another of dark gray mental shade may endure Army life very well if the demands made on him are not too severe. The film does not, however, explore another related fact—that certain types of neurotic, psychopathic and even borderline personalities find Army life less disturbing to their psychic economies than civilian life. It also skirts the problem of military regimentation and blind authoritarianism as direct precipitants of disturbed reactions in otherwise sanguine individuals. Generally speaking, the critical effects of

different types of military leadership are not considered, although morale building is urged as a preventive measure against mental illness in the Army.

The contrasting life histories of two soldiers demonstrating factors that predispose to neurosis on one hand and healthy adjustment on the other are summarily presented, hence this section cannot be regarded as an adequate substitute for other films on personality development. Both soldiers are shown interacting only with the mother in early childhood; the father as a central influence is omitted. Moreover, by implication, one mother "makes," the other "breaks," her son.

The governing idea behind this portion of the film draws parallel between the development of physical and mental resistance to destructive forces. This worthwhile thesis deserves more careful handling than is possible in a film of such high-idea density.

While the initial psychiatric interview technique demonstrated with combat casualties (e.g., Bill Brown, the depressed soldier, the man with "Old Sergeant's Syndrome," etc.) may appear unnecessarily curt and sometimes harsh, it is very likely that combat-area psychiatrists burdened with the responsibility of processing large numbers of men under emergency conditions find this approach most suitable for eliciting necessary information. Other psychotherapeutic interviews demonstrated in the film conform more closely to accepted concepts of the doctor-patient relationship.

A serious question on scientific validity, however, arises in regard to the treatment of one amnesic patient by narcosynthesis; during the abreaction of his battle experience he is held down instead of being permitted to discharge affect freely in motor as well as verbal activity.

The administrative organization of the Army's psychiatric program and its extensive facilities for treatment are convincingly presented, although the success attributed to every case traced in the film is Utopian, to say the least. In this sense the film loses reality as a documentary report and becomes, rather, a declaration of goal. Similarly, the statistical data on men returned to combat from the Division Clearing Station (40 per cent) and from the Army Exhaustion Treatment Center (20 per cent) deviate from actual reality; it is common knowledge that a good percentage of these men break down again shortly after return to active duty. One might also object to the implication that reassignment to limited service represents a psychiatric achievement, although the film at no time overtly equates reassignment with cure.

PRESENTATION: This omnibus film exploits many technical and artistic devices of film making, usually advantageously, though sometimes too self-consciously. The camera work, tempo, and narrative are skilled in most respects. Poorly selected music accompanies the entire film, with only a

few moments of relief (when lecturing officers speak a few sentences). This music tends to be particularly intrusive in sequences where silence might be far more effective. The story line is overburdened and lacks direction. The device of sustaining continuity by tracing the fate of several soldiers throughout the film largely fails; since no central identification is attempted, the audience never knows whether familiar characters will reappear again in a new treatment setting. The four sections into which the film falls lack clear-cut delineation and so, unfortunately, do not easily lend themselves to separate use. The acting in the film is authentic and convincing, especially that of the depressed patient, the man with "Old Sergeant's Syndrome," the psychiatrist who administers the hypnotic treatment, and the patient who cannot walk. Audiences who have seen *Let There Be Light* find the treatment scenes in *Shades of Gray* far less convincing. The latter are re-enacted versions of scenes from the former film (which presents real patients). But on the whole this film more than sustains dramatic interest.

EFFECTIVENESS: This film is chiefly effective in its careful presentation of the concept of gradations in mental health. It offers a clear-cut description of the Army psychiatric program and an adequate survey of treatment methods and installation facilities. It is a convincing demonstration of the Army's genuine concern for mental health among civilians, from which its forces are drawn, and for its own psychiatric casualties in wartime. In this emphasis, the film points up the inescapable paradox of promoting mental health inside and outside the armed forces for the purpose of better equipping men for destruction and death.

UTILIZATION

With a psychiatrically oriented discussion leader, the film has high orientational value for Army personnel; it will promote mental health concepts among line officers and thus prepare them to meet the psychological needs of their enlisted men. The excellent presentation of psychiatric treatment facilities recommends its use among relatives of military psychiatric casualties as well. Medical students and physicians should benefit from this comprehensive orientation in Army psychiatry. Nurses and other institutional personnel, especially those who are confined to specialized areas of work (e.g., laboratory technicians), will find the film's over-all approach of considerable value in emphasizing the importance of their task within the broader scheme. It will also have an impressive emotional impact on psychologists and social workers in training who have not been exposed to the type of experiences portrayed in the film. *Shades of Gray* is not regarded as suitable for pre-inductees.

(35)

THE SMILE OF THE BABY

THIS confused demonstrational film has two objectives. The first attempts to analyze the stimulus-response components of the baby's smile; the second, to show some positive techniques of infant care. Although it has the advantage of a psychodynamic approach the film is anecdotal rather than scientific, and its broader conclusions, while generally correct, do not derive from the live experiments shown. The non-professional camera work is generally clear, but the film is poorly edited and the narration not entirely representative of the visual data.

AUDIENCE: Psychology students, social workers, child-guidance clinic personnel, medical students, pediatricians.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,203 feet, 33 minutes. *Year of Release*: 1948. *Country of Origin*: U.S.A. *Author and Producer*: René A. Spitz, M.D., in collaboration with Katherine M. Wolf, Ph.D. *Narrator*: René A. Spitz, M.D.

DISTRIBUTION: New York University Film Library, 26 Washington Place, New York 3, N. Y. *Sale*: $150. *Rental*: $6.00 per day.

CONTENT DESCRIPTION

"What is the first step toward socialization?" asks the film at the outset. Through examples of humans—children and adults—versus animals, it proceeds to establish that even though animals show pleasure, they do not smile; that only human beings smile, and that the smile precedes other means of social intercourse, such as talking. Nobody knows how early smiling begins, continues Dr. Spitz, author and narrator, and the film will therefore explore smiling exclusively. A title states that the children shown in the film range from the age of one month and twenty-one days to three years, and that the conclusions derived from the study are based on the observation of 115 unselected children in institutions, private homes, and foster homes.

The first section seeks to demonstrate that the very young baby's smile does not depend on recognition. It shows that babies smile at strangers as well as at their parents, at men or women; that Negro babies smile at white people and white babies at Negroes. The conclusion: "The baby smiles at fellow humans."

By nodding vehemently at one baby with a grotesque expression instead of a smile, Dr. Spitz now shows that it appears to be the human face, rather than the smile, to which the baby responds by smiling. He explores this hypothesis by donning a mask and nodding. The baby smiles. The

same response is elicited when his assistant, Dr. Katherine Wolf, wears the mask and nods.

Perhaps the baby senses the human even under the disguise of a mask. This seems to be supported by the fact that the baby does not smile at toys that are presented—it handles and examines them. Various toys are presented. The baby does not smile at a box with a funny face nor at a doll—which is so human in appearance—nor at its bottle.

To determine whether the baby smiles at the human movement quality behind the mask, Dr. Spitz assembles a scarecrow figure, using the mask, a turban, stuffing, and a coat hanger with a shirt on it. The baby smiles responsively when this is presented. White and Negro babies also smile at the nodding head alone. "We get the idea that babies will smile indiscriminately at anything that reminds them of the human being." But in the next scene Dr. Spitz, holding a somewhat older baby, cannot evoke a smile from him by any means—so: "Many people cannot get one particular baby to smile. Perhaps they go about it in the wrong way. We will try to find what makes it smile."

Variations are introduced for this purpose. Babies do not smile when the experimenter presents a serious, motionless face. When he assumes a grotesque exaggeration of a smile, slowly turning full face to profile, the baby ceases to smile when he reaches the profile position. Other examples show that it often takes some time for babies to regain contact with the person after gazing at his profile—hence: Movement alone is not enough to cause the baby to smile. The same transition from the smiling response to serious regard or loss of interest is observed when masks are turned full face to profile.

"What makes the baby consider the mask as a human face?" asks Dr. Spitz. He shows that the baby does not respond to the mask turned upside-down. When he covers the mouth of the mask, the baby keeps on smiling. When he covers the eyes, the baby's smile disappears. When he covers one eye with a hat, the baby also stops smiling. He concludes that "One eye alone is not enough to enable baby to recognize a human being. Two eyes and a mouth are needed."

Psychodynamic considerations are now introduced. The author shows that disturbed human relations will alter the child's smiling response. One Negro baby ceases to smile while its mother is in the room because "the relationship with the mother never provided it with a feeling of contentment and security." The baby is seen finding contentment with toys, inanimate objects, resenting the experimenter's hand, and turning away from him. Thus, "The basis of the smile lies in the mother-child relationship."

The final section of the film is an illustrated lecture by the author on

maternal care, with scenes of mothers caring for their babies. Referring to one mother and child, he calls attention to her relaxed hands, her expression, her sure movements in feeding, washing, and diapering the child. He shows her supporting the baby in the bath and massaging its body gently. He points out the baby's peaceful, contented behavior. Attention is called to the importance of the father's role; a father plays easily with the baby. Love by the parents creates a special atmosphere. One baby, losing its sense of security at being left alone, starts to cry. Dr. Spitz calls attention to the baby's laugh when the mother plays peekaboo. After other similar examples the author concludes that the mother's love teaches the baby to like its fellows, makes it a friendly, sociable, and secure human being. "The baby who was lucky enough to possess a loving mother is sent into human society with a smile."

APPRAISAL

CONTENT: This film asks a number of questions and makes a number of assertions which do not find support in the experimental data presented. It begins with the observation that the smile is a uniquely human characteristic, without suggesting the implications of such a statement in terms of animal physiognomy. Through a series of experimenal situations devised by the author it proceeds to demonstrate that the smile of the baby is a reflexive response to the stimulus: nodding head, two eyes, and a mouth—and that this response depends on social conditioning. Not until the final portion of the film is the relationship between the infant's smile and his subjectively pleasurable feelings established, and while the author's disciplined preliminary exploration of the smile as a reflexive phenomenon may be considered by some to typify the objective scientific approach, it temporarily sacrifices the psychodynamic point of view—for at no time does the psychodynamic approach rule out the interpersonal factor, however the latter may defy formal definition.

The first point made—that the baby smiles at a human or non-human nodding shape with two eyes and a mouth—is open to question. Especially as regards the very young infants shown in the film, it is not so simple to determine what the child is seeing, let alone to determine the precise elements to which he is responding—a social situation, a human-like configuration, or a "gestalt" pattern. Both Dr. Spitz and his collaborator, Dr. Wolf, for example, wear eyeglasses. Is the child responding, perhaps, to the reflected light on the lenses? When the baby supposedly smiles at the nodding mannequin, is he perhaps smiling because other humans are still nearby, or because another human is holding and moving the mannequin, and would he still smile if he were alone in the room with this object nodding mechanically? An opening title implies—but does not directly state—

that the author's findings are based on the continuous observation of 115 unselected children. Did all or the majority of these children respond similarly to the experimental series? What controls were used? These questions, unanswered in the film, raise doubt as to the validity of the experimental work.

Moreover, the author himself seems to contradict his initial categorical assertion that the child displays a social response to a movement-pattern stimulus, *exclusive* of interpersonal determinants. The film later demonstrates that some babies *cannot* be persuaded to smile; an older baby is shown who does not smile while its mother is in the room. We may assume that Dr. Spitz selected this example to modify his earlier conclusion on the basis of temporal and psychological considerations, but in the film itself both statements are permitted to stand as antitheses.

The latter portion of the film is an inconsequential and unobjectionable assertion of the value of mother love for the development of personality and the socialization of the infant. Illustrated by pleasant scenes of parents caring for the baby's needs and stimulating the baby to smile, one wonders whether this section was introduced to solve the experimental dichotomy discussed above. If so, it fails. The first section is presented at the level of scientific experimentation. The latter section is an amiable bit of mental health propaganda for the laity—and unsophisticated laity at that.

PRESENTATION: Even though the camera work in this film is of uneven quality, it is somewhat superior to that of the average amateur film. However, it does not support—and is not adequately supported by—the narrative. For example, the racial and environmental chart at the introduction bears little relationship to the film itself. The babies, in some parts of the film, do not manifest the behavior which the narrator calls attention to. The latter scenes of parents caring for the baby are only loosely related foci of visual attention to occupy the audience while the author engages in a gentle and somewhat prolonged exhortation to parents to love the baby.

EFFECTIVENESS: The experimental section of the film does not succeed in proving the thesis that young babies smile at any nodding stimulus with two eyes and a mouth. The method depicted is thus a suitable example of unscientific method. For any parent audience, the section devoted to proving that loving parental care promotes the social response in their infants would doubtless be neutralized by this experimental thesis, for no mother will be pleased to be told that the baby responds as amiably to a mask or mannequin as to herself. Even the final concept—that a loving mother-baby relationship, *per se,* teaches the child to like his fellow humans —requires considerable qualification.

UTILIZATION

This film might be used in the university or medical classroom as a demonstration of the author's work, but it does Dr. Spitz—a psychoanalytic research scientist of considerable stature—far less justice than his other films, such as *Grief—a Peril in Infancy* (19). This film is contraindicated for mothers, who may be alienated by the questionable thesis that their babies react as pleasurably to a formal "gestalt" pattern as to themselves.

(36)

THE STEPS OF AGE

(Mental Health Film Board Series—
Emotions of Every-Day Living, No. 1)

THIS film presents the emotional difficulties of an aging widow as she attempts to adjust to life in the home of her married daughter. Despite the artistic sensitivity of the production, the film fails to deal adequately with the problems of old age. The case is atypical in many respects and the psychological solution offered is inconsistent. The film provides no information on the extensive medical, social security, and welfare programs now being evolved to meet the needs of a growing old-age population.

AUDIENCE: The film may have value for audiences of younger people as a preliminary, humanistic introduction to the old-age problem, provided a qualified discussion leader is prepared to follow up with more basic data.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 883 feet, 25 minutes. *Year of Production*: 1951. *Country of Origin*: U.S.A. *Sponsor*: Department of Mental Health, State of South Carolina and National Association for Mental Health. *Producer*: Film Documents. Produced by Helen Levitt. *Script and Direction*: Ben Maddow. *Editor*: Sidney Meyers. *Principal Psychiatric Consultant*: M. Ralph Kaufman, M.D. *Technical Direction*: Cleve C. Odom, M.D.

DISTRIBUTION: International Film Bureau, 57 East Jackson Boulevard, Chicago 4, Ill. *Sale*: $95. Available on loan or rental basis from state or local mental health authorities, mental health societies, public libraries, and educational film libraries.

CONTENT DESCRIPTION

As Mrs. Potter, a sixty-two-year-old widow, climbs a long flight of steps on her way home through the park to her daughter's house, she reviews bits of her past and considers her present. Her thoughts, expressed aloud in the first person, are dramatized in long flashback scenes.

"Get the ball!" calls a little girl at the top of the steps.

Mrs. Potter retrieves the ball, imagining herself at this age. "When do

you begin to grow old?" she asks. The years go by so quickly, ". . . then you wake up one day and realize that your husband is dead and you've had a fight with your daughter—and you're face to face with all the anguish and all the mistakes of your whole life."

"Where can you live? How can you leave the house where you were married?" She recalls the day she went to live with her married daughter after her husband's funeral. He was a craneman in the iron works, retired at sixty-five, but he really stopped living the day he locked himself up in the crane. They sent for her; she had to stand below yelling up at him to stop being an old fool—that's how she got him to come down, and as they left the foundry together he stopped on the bridge they were crossing, opened his tool kit and dropped all his tools into the river without a word. After that he wouldn't do anything, just sat grim and silent day after day, beating himself at checkers. He even stopped seeing the children. It got so she hated to see his face. The time her daughter, Emma, and her granddaughter came by with news that another baby was on the way she was beating rugs in the back yard. When the first excitement was over, the three of them looked up at the open window where Jimmy sat, imperturbable, withdrawn, playing his endless game of checkers. After they left she went up to his room. "Jimmy, Emma's going to have another baby," she said. Then, since he didn't respond, she left him alone. . . .

He never learned to live, muses Mrs. Potter, and she wonders whether she could have done anything to help him get ready for the day he couldn't work any more. The little girl is at her side now, and as she hands her the ball she is acutely conscious of the moment in time. "Maybe you start with this," she tells herself—"that you're alive, that every twig and every stone and every second is so precious that nothing like it will ever happen again. I wanted to keep on living, and Jimmy died, and I moved into my daughter's house."

She reviews the previous evening. The family was having a masquerade party. The baby cried and she went to comfort him. Emma came upstairs and they exchanged sharp, impatient words in the dark over whether he should be weaned. Later she overheard her daughter and son-in-law talking about her. "She feels she's not wanted," he said. "Of course we need her," Emma answered, "but can't she help without eating us up alive?" Back in her bedroom Mrs. Potter tried to still her own inner turmoil and drown out the party noises by vacuuming the rug. . . .

So today she applied for a job as saleslady and was refused. "I could have filled that job," she thinks, "but did I want it because I was strong and useful, or because I was angry and hurt?"

The scene on the stairs ends. The little girl with the ball cries, "Good-

by, good-by!" her voice growing ever fainter as she disappears in the distance.

As Mrs. Potter returns home, her granddaughter welcomes her and Emma calls out warmly from the kitchen. Will she come inside and look at a recipe that doesn't seem to be turning out as it should?

"Yes," responds Emma's mother, "I'll be right in."

APPRAISAL

CONTENT: Although *The Steps of Age* tells a dramatic story, it lacks impact for a number of reasons. Chief among these is its failure to recommend any valid solution for the problems of the aged. The central character of the film is a widowed mother who feels unwanted in the home of her married daughter—a typical enough situation for the aging parent in our culture. Far less typical, however, is Mrs. Potter's apparent isolation from other elderly persons, either personal friends or members of a church, community, or social group. The film conveys the impression that she is completely dependent on her immediate family for companionship, despite her claim of "loving life." Mr. Potter's psychotic reaction to being pensioned at the age of sixty-five, however brilliantly portrayed, intensifies even further the pathological overtones of the story.

Just as the social considerations of old age are sacrificed in favor of case-history psychologizing, the solution of Mrs. Potter's problem—if it may be dignified as such—occurs on the intrapsychic level rather than through social channels. She reviews her past, evaluates her current relationship to her daughter's family and, presumably, determines to accept her role as co-operatively and graciously as possible. But the decision to adjust is no guarantee of actual adjustment; old and young cannot live together without friction, and one foresees the same difficulties arising repeatedly, followed by similar cycles of pain, anger, and resignation. From the geriatric and psychiatric points of view, the aging person requires productive activity, group interests, economic security and—preferably—an independent residence. Mrs. Potter's single gesture toward independence is negatively interpreted; she applies for the job as saleslady not because she feels "strong and useful," but because she is "angry and hurt." Her decision to reconcile herself, however admirable, sanctions public acceptance of a *status-quo* attitude toward old age which no longer meets the needs of modern family and community life. As such, it is a far cry from the co-operative medical, welfare, and social planning program which should be advocated by a film on geriatrics.

PRESENTATION: From the standpoint of artistic production this film conveys its message almost too successfully. Script, direction, music, and acting combine to sustain a nostalgic, often depressive mood which is easily

associated with the negative aspects of old age. This is particularly true of three scenes: Mrs. Potter's wistful announcement that Emma expects a baby, in the face of her husband's stony silence; her muffled argument with Emma in the dark room, with the baby whimpering and party noises from below; the little girl's fading good-bys as she leaves the park. Contrast between age and youth is delicately sustained throughout by the casual apposition of passing children to the old couple. The frustration and insecurity of old age are powerfully suggested in the foundry scene, where young workers watch Mrs. Potter persuade her husband to leave the crane, and in the night scene when she inappropriately vacuums the rug. While many sequences are highly effective, the film lacks cohesiveness. There is a sense of being precipitated into different parts of the past without adequate preparation. The recurrent low-angle shot of Mrs. Potter climbing the park steps which interpolates the flashbacks and reorients the story in the present fails to preserve smooth continuity and wearies the audience as much as Mrs. Potter. The recording of the musical accompaniment and background noises is so loud as to make the spoken words difficult to understand.

EFFECTIVENESS: The film has considerable emotional appeal but limited educational value because of its overemphasis on individual pathology, its spurious resolution of the problem portrayed, and its failure to present a positive programmatic approach to the psychological and sociological difficulties of old age. The prevailing pessimistic mood evokes mixed audience reactions. Young people find the film of some value as a stimulant to adopting immediate protective measures against old-age insecurity. Older groups resent its negativism. The depressive tone of the film contraindicates its use among the aged.

UTILIZATION

The film may prove useful as elementary stimulus material for lectures and discussions on problems of old age among laymen, undergraduate psychology students, and sociology students. The presence of a trained discussion leader is imperative to acquaint the audience with more useful sociological and psychiatric viewpoints on the subject than those presented in the film. *The Steps of Age* is not suitable for use among the aged.

(37)

SYMPTOMS IN SCHIZOPHRENIA

THIS amateur silent film is a bald demonstration of some of the classic non-linguistic behavior of chronic schizophrenics. It is undynamic in ap-

proach and presents symptomatology without reference to the patient's case history. Technically and scientifically obsolete, the film is only suitable to supplement a lecture in abnormal psychology or psychiatry if no other means of viewing mental patients are available.

AUDIENCE: Intended for students of medicine and of abnormal psychology.

PRODUCTION DATA: 16 mm., black-and-white, silent, 404 feet, 17 minutes. *Year of Production*: 1938. *Country of Origin*: U.S.A. *Author and Producer*: James D. Page, University of Rochester.

DISTRIBUTION: Psychological Cinema Register, Audio-Visual Aids Library, Pennsylvania State College, State College, Pa. *Sale*: $35.50. *Rental*: $2.00 per day.

CONTENT DESCRIPTION

Opening titles state that schizophrenia is the most prevalent of mental disorders, that it is essentially a chronic disease of unknown origin, and that about one per cent of the population eventually develops it. Schizophrenics are divided into four clinical groups, continues the film: simple, paranoid, catatonic, and hebephrenic. Brief case demonstrations follow. Apathy and absence of social interest are seen in patients diagnosed as simple schizophrenics; delusional and hallucinatory behavior is demonstrated in the hebephrenic, catatonic, and paranoiac, silly grinning and talking to oneself in the hebephrenic. Mannerisms, motor stereotypy, prolonged posturing, waxy flexibility, and negativistic rigidity of the limbs are shown in various patients. In two cases manifesting echopraxia and pseudo-echopraxia, respectively, the psychiatrist makes various movements which the patients imitate.

APPRAISAL

CONTENT: This obsolete silent film shows classical cases of chronic institutionalized schizophrenics. In viewing the film, specialists have asked how much of the behavior observed is actually due to the disease process itself and how much to chronic hospitalism. Beginning with a definition that largely ignores the symbolic disturbance in schizophrenia, the film goes on to present clinical material almost exclusively in terms of disturbance of motility. The patients are presented summarily and no information is given concerning the sequence or duration of symptoms. They are classified as "pure" types, which might lead the inexperienced observer to conclude that these are average cases. No mixed types are shown to controvert this impression, nor is any attempt made to formulate the particular syndrome illustrated in dynamic or meaningful terms.

PRESENTATION: The film represents amateur work of a rather crude

kind, consisting of shots of patients and doctor on the hospital grounds. The camera positions are arbitrary and usually too far distant. There is constant stopping and start of the camera while a patient is observed, without changing angle and distance of the view, thus giving the film a disjointed appearance. The timing is poor, the views frequently being too brief and too repetitious. The camera is unsteady and the scenery distracting. The patients wear gauze masks (for identity concealment) which makes them appear ludicrous and also prevents the observation of physiognomic motility. Absence of a sound track rules out the possibility of studying the patients' verbalizations. The titles are reasonably short, but are inadequate from the scientific point of view. Intrinsic development of the material is lacking and the film ends with irrational abruptness. The print seen had been broken and respliced in numerous places, increasing the visual jerkiness.

EFFECTIVENESS: The symptomatology presented might be of interest to classes in abnormal psychology or to second-year medical students if better demonstrational material were unavailable. It is unfair to compare this film with more recent ones; actually it is a landmark in the history of psychiatric film making and should be so regarded. The fact that such films are still in circulation indicates the need for filmed case material which adopts a dynamic approach to schizophrenia, shows the symptoms genetically, demonstrates mixed types, and attempts some understanding of the meaning of the schizophrenic process and the individual personality.

UTILIZATION

If used at all, the film should be discussed by a competent instructor explaining its severe defects, especially the obsolescence of its psychiatric approach.

(38)

UNCONSCIOUS MOTIVATION

THIS is a film record of hypnosis of two subjects during which an experimental neurotic conflict is produced, is allowed to manifest itself in the posthypnotic conscious state, and is then relieved by aiding the subjects to recall the implanted traumatic material through the interpretation of manifest dream symbols and free association to modified psychological projective tests. The film is excellent as a demonstration of the scientific use of hypnosis and the value of projective techniques in eliciting repressed ideas. Because the experimental situation tends to oversimplify the extremely complex psychological mechanisms involved, their proper under-

standing will depend on the evaluative capacity of audiences, as well as competent interpretation by psychologically or psychiatrically trained instructors.

AUDIENCE: Psychiatrists, psychoanalysts, psychiatric social workers, psychiatric nurses, medical students, advanced students of psychology. Not suitable for lay audiences.

PRODUCTION DATA: 16 mm., black-and-white, sound, 1,400 feet, 38 minutes. *Year of Production*: 1949. *Year of Release*: 1950. *Country of Origin*: U.S.A. *Author*: Dr. Lester F. Beck, Department of Psychology, University of Oregon. *Producer*: Hartley Productions, New York.

DISTRIBUTION: Association Films, Inc., 35 West 45th Street, New York 19, N. Y.; 206 South Michigan Avenue, Chicago 3, Ill.; 351 Turk Street, San Francisco 2, Calif.; 3012 Maple Avenue, Dallas 4, Texas. *Sale*: $115. *Rental*: $7.50 per day.

ACCOMPANYING MATERIALS: *Exhibitor's Bulletin, 20 Questions Most Often Asked About the Film* (brochure), two 2x2 slides.

CONTENT DESCRIPTION

The opening title of this spontaneous and unrehearsed film advises the audience against concluding that a neurosis necessarily develops from a single traumatic experience or that an anxiety state is easy to relieve. "The purpose of the film," it cautions, "is only to demonstrate the dynamics of unconscious motivation."

The subjects, a boy and girl of college age, are shown seated at a table facing the camera. The psychologist-hypnotist (unseen through the film) asks them if they know the signal to fall asleep. He explains that during a previous hypnotic session they have been given a posthypnotic suggestion to return to sleep at a given signal. A few false signals are presented, to which they do not respond. Then the correct one—closing a book lying nearby on the table—causes them to show first mild drowsiness and then to fall asleep.

During slumber the trauma is implanted. They are told that they stole two pennies from a schoolmate's purse which they found during childhood; that their mothers expressed disapproval over gum they purchased with the money; that they withheld the truth from their parents; and that they felt subsequent guilt over the double "crime" of theft and lie. Next, a posthypnotic suggestion is given: a few minutes after they are awakened a pencil will be tapped, whereupon, still in a conscious state, they will each have a dream. Following the suggestion they are awakened and, upon questioning, reveal no knowledge of what transpired during the hypnotic trance.

Both subjects now manifest strong anxiety. They bite their lips and

fingernails, wring their hands, grimace unhappily, and express feelings of apprehension without specific ideational content. The pencil is tapped and, in accordance with the posthypnotic suggestion, boy and girl lapse momentarily into a state of withdrawal to have their respective "dreams."

They relate the dreams to each other and, guided by the questions and comments of the interlocutor, discuss the affect and manifest content of the dream in relation to the anxiety they now feel. Next they offer responses to an ink blot test, a pictorial representation of two men in discussion, and a short word-association test. Out of these projective stimuli and their dreams certain common elements repeatedly arise which, through mutual discussion, interpretation, and some help from the psychologist, finally fall together into almost complete reconstruction of the implanted childhood experience.

During their work the subjects are asked how they feel and they report progressive improvement. By the time the story is completed they declare themselves completely free of anxiety.

APPRAISAL

CONTENT: In terms of broad psychological standards, this film brilliantly achieves its purpose of illustrating the manner in which an experimental neurotic conflict may be implanted in hypnotic subjects and recalled later through dream exploration and free-association and projective tests; it also shows how overt anxiety symptoms resulting from the implanted conflict abate with conscious reconstruction of the suggested experience.

Without detracting from the unquestionable value of the film as a demonstration tool, it may nevertheless foster certain misconceptions regarding mental processes which are untenable from the psychiatric and psychoanalytic point of view. They will be discussed in the following paragraphs, not only in terms of the film's tendency to oversimplify, but because these considerations add a fascinating dimension to the film and actually point up its suitability as basic study material for students of psychiatry and psychoanalysis:

1. *Structural Concepts*: The film is entitled *Unconscious Motivation* and the implanted conflict is designated as unconscious because it is not immediately available to conscious recall. From the psychoanalytic standpoint this material would be regarded as preconscious, rather than unconscious, since it is not deeply repressed and is available to recall through intellectual associative activity, without extensive resistance on the part of the subjects.
2. *Dream Interpretation*: The subjects' verbal production concerning their dreams are described as "interpretation." While the affect experienced in the dreams is related to guilt and anxiety over the implanted conflict,

the dreams are not interpreted in the full sense of the word. For example, the boy draws a parallel between the manifest content of his dream—picking up pebbles—with picking up the pennies in the suggested story. Similarly, the girl dreams of being trapped on a spinning disk which she later identifies as a penny. Actual dream interpretation penetrates beneath the manifest dream symbol.

3. *Relationship Between the Subjects*: If this dynamic factor is overlooked, the impression may be gained that the catharsis resulted completely from the subjects' successful work of reconstruction, independent of their interpersonal situation. If the latter is taken into account, the film becomes a valuable documentation of the symbiotic relationship that may spontaneously develop between two individuals, in which each fulfills the other's unconscious needs. The girl needs to externalize, to protect her guilt. The boy needs to assume the full burden of guilt. In the experimental situation both gratify their respective tendencies, and this undoubtedly helps each to resolve the conflict.
4. *Anxiety*: The subjects' anxiety reactions cannot be regarded as resulting purely from the implanted story; they result also from unresolved conflicts in the past. This is evident, for example, in the girl's repeated insistence that the authoritative figure in the picture test is "a kind man," although nothing in the implanted story justifies her characterization. It would therefore be erroneous to overestimate the therapeutic value of the type of reconstruction seen in the film, for only deeper exploration would reveal whether the resultant catharsis relieved some of the pre-existent, unconscious anxiety or, conversely, whether the experimental situation had a long-range effect of activating anxieties unrelated to the experiment.

PRESENTATION: *Unconscious Motivation* is a technically adequate continuous film and sound record of the experiment. According to the author, no script was used, except for the story of the complex and the words for the association test. The action on the screen appears spontaneous and unrehearsed. The view is limited to the two subjects who were filmed by two cameras, which, by the intercutting of shots taken from different angles, prevents outright visual monotony. Yet in essence the film relies on content and the author's excellent choice of subjects for dramatic effect.

Of interest—both psychologically and technically—is the fact that at no time does the hypnotist appear. The subjects sit at a table, facing hypnotist and audience throughout the film. This may tend to further audience identification with the unseen hypnotist. Some clarity is lost in the short scenes in which the subjects examine the book containing the

ink blot and pictorial representation; since closeups of these are not shown each time the subjects refer to them the audience cannot correlate the interpretations with the picture material itself.

EFFECTIVENESS: The film is excellent as a demonstration of the scientific use of hypnosis. It is a useful aid to the study of dynamic mental activity, individual differences in symbol formation, and the effect of emotional stress on perceptual processes. In particular it demonstrates that (a) an experimental neurotic conflict involving guilt and producing anxiety may be implanted and repressed in human subjects through hypnotic suggestion; (b) neurotic symptoms result and are experienced consciously until the implanted conflict is at least partly recalled; (c) recall may be effected through the interpretation of manifest dream symbols and free association to standard psychological projective tests; (d) conscious recall of the implanted incident relieves tension and diminishes the gross neurotic disturbances induced in the subjects.

The dramatic release of tension felt by the subjects during verbal reconstruction tends to obscure the film's stated purpose, i.e., to demonstrate only the dynamics of unconscious motivation. Lay audiences may thus erroneously infer that neurosis is easily cured, or may fail to recognize that not merely the process of recall, but also the personal interaction between these particular subjects brings about resolution of the conflict. When used with students the effectiveness of the film will depend a great deal on the capacity of the audience to grasp all its implications and on the instructor's ability to deal with the ensuing discussion.

UTILIZATION

The film is best adapted for audiences of psychiatrists, psychoanalysts, psychiatric social workers, psychiatric nurses, medical students, and advanced students of psychology. It should not be used as a demonstration of therapy. If shown to students, a psychologically or psychiatrically trained instructor should present the film.

Familiarity with the brochure, *20 Questions Most Often Asked About the Film,* which accompanies the film is essential for the instructor. It contains valuable supplementary information about the actual demonstration and—more important—about the personal background of the two subjects and its effect on their individual responses, notably their anxiety and dreams.

The *Exhibitor's Bulletin,* distributed to publicize the film, on the other hand, oversimplifies its content in the sense discussed under the above appraisal. It is misleading for this reason and also because it claims that the film "illustrates the benefits to mental health that may be derived from the discovery and release of such unconscious material"—thus en-

couraging the reader to regard the technique demonstrated as therapy, which it is not.

Two *2x2 slides,* of the ink blot and picture used to elicit projective responses, are furnished to purchasers of the film. They may be used to rectify the omission of closeups in the film itself and to permit students to compare their own subjective impression with those of the subjects.

(39)

THE UNITY OF PERSONALITY

THROUGH a series of experimental and unstructured situations involving expressive movements the film demonstrates unified patterns of individual behavior. The validity of the thesis is inadequately supported, due to overgeneralization, absence of data on control, and extreme condensation.

AUDIENCE: First-year undergraduate psychology students.

PRODUCTION DATA: 16 mm., black-and-white, silent, 421 feet, 17 minutes. *Year of Production*: 1944. *Country of Origin*: U.S.A. *Author and Producer*: Werner Wolff, Psychological Laboratory, Bard College. *Camera*: Elie Shneour.

DISTRIBUTION: Psychological Cinema Register, Audio-Visual Aids Library, Pennsylvania State College, State College, Pa. *Sale*: $26.50. *Rental*: $1.75 per day.

CONTENT DESCRIPTION

Opening titles indicate that the film deals with a few techniques of "Experimental Depth Psychology" which are fully described in Werner Wolff's book, *The Expression of Personality,* and that the subjects were photographed without their knowledge. Two questions are posed: "Does man's behavior express his personality? Are man's different expressions interrelated or moved by separate strings, like the parts of a marionette?" A marionette appears on the screen. "On the contrary," says the film, "the following pictures will show the unified direction of man's reactions."

Part I deals with expressive movements. In a psychology laboratory two young men are compared as they smoke cigarettes and tell the experimenter their associations to a presumably "neutral" stimulus word, *chair,* and an "emotional" stimulus word, *love*. In these situations one shows extensive gestural and bodily movement; the other, rather rigid control. The same subjects next draw a man on the blackboard. The first draws a simple figure with outstretched arms; the second, an angular figure with folded arms. A title states: "Thought, bodily movement, and graphic ex-

pression are thus shown to be a unity." The movements of three more subjects—(A) a sportsman, (B) an intellectual, (C) an artist (violinist)—are compared. As they walk, tap rhythmically against the background beat of a metronome, and let their hands fall naturally on the table at given signals, titles interpret the sportsman as slow and cautious, the intellectual as tense and self-conscious, the violinist as free and relaxed. Their writing on a blackboard is interpreted: (A)—slow, careful, (B)—small, cramped, (C)—quick, expansive. These similarities in various movements are said to indicate a unity of personality.

Part II deals with self-judgments in the absence of recognition. The experimental procedure is explained and demonstrated: "Without knowledge of subjects, their profile silhouettes are photographed from behind a screen, and their hands from behind a curtain."

The violinist is seen regarding photographic prints of three silhouette profiles and three sets of hands. He points to the face and hands which belong together. Titles state that the subject does not recognize his own profile and hands, but is able to match hands and profiles correctly—he is able to detect the imprint of personality. The experimenter asks subject to judge hands and profiles. "How will he characterize himself, without having recognized himself?" The violinist's attitude toward his own hands is visibly derogatory. "The subject is disgusted with his hands, calling them stupid and brutal. He reacts more mildly to other hands and profiles."

A brief demonstration of self-analysis of one's own face concludes the film. Photographs of the three subjects' faces are shown, divided both horizontally and vertically. "Each half face is reversed and montaged with its mirror image . . . the composite pictures present his facial expression in two different aspects." The artist comments upon his "right" and "left" faces. The film does not communicate the content of his remarks, but explains that his preference is a clue to his opinion of himself and to his conflicts. It concludes that the approaches demonstrated, as well as other related ones, can be used for diagnosing personality, since a person's different movements have something in common. This similarity of expressive pattern indicates the unity of personality.

APPRAISAL

CONTENT: The integration of man's intuitive perception of personality differences into a communicable body of scientific knowledge is a central task of depth psychology, important to many areas of human relations and especially to that of clinical diagnosis and treatment. The attempt which this short film makes in this direction is therefore commendable, even though the subject matter hardly lends itself to brevity.

Dr. Werner Wolff's basic thesis—that body language reveals a unity

of personality—is unassailable. The manner in which the film seeks to demonstrate this leaves much to be desired. Due, possibly, to the shortness of the film, no reference is made to controls developed for the experiments. Thus, in the section on self-judgment, the ability of one subject to match correctly his own hands and profile from a group of three seems insignificant. But if a larger number of persons took part in the experiment than the three subjects shown in the film, his selection would be of greater importance in validating its thesis. The claim that the matching is done without self-recognition is also open to question, for what person lacks complete awareness of his own profile and hands as compared with those of only two other subjects? It is also difficult to accept that the subjects were totally unaware of being filmed; the bright lighting alone, especially in the library scene closeup of the "intellectual," would hint that something unusual was going on.

The comparison of expressive movements of two subjects at opposite extremes of motility is certainly vivid. But their reactions are not contingent upon the mere presentation of stimulus words, as might be inferred, and the film fails to explain that the "neutral" word, *chair,* may actually be a highly charged stimulus for either subject. The film does not exploit the expressive movement and rigidity of the two subjects to fullest advantage. For example, the blackboard drawings are striking illustrations of projection of their own body image; more could have been said of this, of the violinist's description of his own (supposedly unrecognized) hands as "stupid and brutal," and of the reactions in the selective preference test for composite right or left faces.

PRESENTATION: As an amateur production the film compares favorably with a host of others produced privately in college laboratories. The scenes have been shot with a hidden camera and show subjects under experimental and non-experimental conditions. Aside from a general lack of technical smoothness, which may be expected, the timing of a number of sequences is too short, especially the self-judgment experiments. In several places continuous action is needlessly interrupted, as in the draw-a-man test. Such limitations may have resulted from a well-meaning but somewhat helpless effort to avoid the monotonous pacing, characteristic of so many amateur productions, by compressing the data into one reel, or from an extremely limited budget which precluded the use of more film.

EFFECTIVENESS: Whether or not the shortcomings of content and presentation resulted from a limited production budget, they detract from the effectiveness of the film. While the testing procedures are clearly introduced, the results and controls are not sufficiently elaborated. In several instances the unity of personality visible in the subjects emerges despite, rather than

because of, the tests. The labeling of three as "athlete," "intellectual," and "artist," and the attempt to relate all of their demonstrable behavior to these categories weaken, rather than support, Dr. Wolff's basic theme.

UTILIZATION

The film appears applicable only in first-year psychology courses as introductory material for discussions of personality differences and projective techniques.

(40)

WARD CARE OF PSYCHOTIC PATIENTS

(Army Code No. TF8-2090)

THIS film, despite a certain flatness and literal quality of presentation, offers a clear and detailed presentation of techniques for managing violent and suicidal patients on the psychotic ward. An equally lucid demonstration of the continuous-tub and the wet-sheet restraint makes this an excellent instructional aid for those who must face these practical problems.

AUDIENCE: Ward attendants, psychiatric nurses, psychiatrists in training.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 1,465 feet, 41 minutes. *Year of Production*: 1945. *Country of Origin*: U.S.A. *Producer*: Army Pictorial Service, Signal Corps, United States Army.

DISTRIBUTION: Address loan requests with code number to Commanding General, Attention: Signal Officer, Headquarters, First to Sixth Army (according to location of film user). First Army, Governors Island, New York 4, N. Y. Second Army, Fort George G. Meade, Md. Third Army, Atlanta 3, Ga. Fourth Army, Fort Sam Houston, Tex. Fifth Army, 1660 East Hyde Park Boulevard, Chicago, Ill. Sixth Army, Presidio of San Francisco, Calif.

CONTENT DESCRIPTION

The film is introduced by depicting the word "psychosis" broken up into its parts as the commentator explains it means mental disease. A hand turns the pages of a book which show various sketches intended to represent the common psychotic disorders: A catatonic standing rigidly and another lying down, a wildly moving manic, a depressed patient, a violently aggressive paranoid, and finally a dementia praecox patient.

The scene switches to a hospital ward as we are told that a mentally sick person is as sick as a malaria patient. The techniques for getting patients to go from one place to another are shown: Gentle arm pressure without threat, or, when the patient is recalcitrant, approach from behind. The left arm of the attendant grasps the patient's right wrist and the pa-

tient is pushed gently ahead. In the case of a violent resistive patient three attendants are used. Two approach him, holding a mattress. The third slips into a corner behind him and grasps his wrists crosswise while the others drop the mattress and grab his legs, carrying him kicking, biting, and screaming from his room.

Now the patient is taken to a continuous tub. A diagram of the temperature-control system showing a needle on a thermostat emphasizes the need to keep the temperature from varying more than one degree above or below 96°. Another diagram shows the construction of the continuous bath.

The attendants prepare the bath by placing the hammock in the tub. They place a folded sheet on it, turn on the water, move the temperature regulator to 96°, remove the auxiliary overflow dam, and use a floating thermometer to double-check the temperature of the water; then, with the restraint canvas folded and lying near the tub, the corpsmen put the patient into the tub, adjust the restraint canvas over the patient, and finally slip an inflated rubber ring over his head to keep it from slipping down into the water.

A single corpsman remains in charge. He takes the patient's pulse and checks the bath temperature every fifteen minutes, charting his results. From time to time he gives the patient fluids, recording the time and the quantity administered. An extra compress is kept available in ice water for frequent changes of the cold compress on the patient's forehead. The room must be adequately ventilated and the attendant draws the shades to create a subdued light.

The narrator remarks that the bath may last from several hours to several days, but that the patient must never be left alone. The corpsman is warned to be on the lookout for the three chief dangers of prolonged immersion: overheating, chilling, and cardiac collapse. Two corpsmen remove the now limp patient from the tub and rub him with lanolin.

A diagram next illustrates the wet pack, which consists of a rubber sheet, two blankets, two dry and two wet sheets, an ice pack, and two face towels. The technique for making the bed for the wet pack is carefully shown in extensive detail, and it is explained that the patient, exhausted from restlessness and lack of sleep, can relax and go to sleep in the pack. It should be made clear to the patient that this is an opportunity for a rest and not a punishment.

The patient is helped onto the bed. Wrapping him into the pack is shown in detail. The restraint sheets, used only with extremely agitated patients, are demonstrated. A pillow is placed under the head of the patient, an ice pack on his forehead, the bedclothes are rolled back, and he is left in the charge of a corpsman who takes his pulse and charts the

results every fifteen minutes. He feeds the patient liquids with a spout cup and draws the shades to darken the room. As in the bath, the patient is watched for overheating, chilling, and cardiac collapse. Taken from the pack, the patient is dried, given a quick alcohol rub, and put to bed to benefit by a period of quiet rest.

The scene shifts to the ward. A corpsman is giving a patient a drink from a glass—a mistake. The patient drops the glass. He should not be allowed to help the corpsman pick up the pieces. The corpsman picks up the pieces and takes them out into the corridor where a sergeant keeps him from throwing them away. "There is only one way to tell whether you have collected all the pieces." The glass is put together again with adhesive tape so that any missing fragment will be noted.

When patients are escorted somewhere, there must always be one corpsman to each patient. We see what happens if this precaution is not taken. A corpsman escorts two patients down the long corridors of a hospital barracks. Suddenly, at the corridor crossing, one of the patients breaks away and runs down the corridor. The corpsman is stuck with the other patient.

When a patient is given a shower, the corpsman stands outside the shower, fixes the controls at 105°, and never allows the temperature to rise above 115°. When the patient has finished showering, the corpsman shuts the water off and locks the cabinet containing the water controls.

When a patient needs a shave, it is done by the corpsman, with a safety razor. The patient must not be allowed to get his hands on a razor.

A disturbed patient is usually fed in his own room, care being taken not to give him any glass, china, knives, or forks. His food is served in enamelware and with a single spoon.

If a patient is given a smoke, the corpsman lights his cigarette, preferably with a lighter to avoid the hazard of lost matches and fire. He stays with the patient until he has finished.

When a package arrives for a patient, the corpsman opens it for him in his presence. If there should be a glass bottle in the package, the corpsman takes it, explaining that he will hold it for the patient and give it to him whenever he wants to use it. The string must also be taken away lest the patient harm himself or others.

The next section of the film discusses suicidal patients, first showing still shots of the commonest forms of suicide: jumping from heights, burning, poisoning, and hanging. Poisoning is the hardest form to deal with and patients must be kept away from lysol, iodine, sleeping pills (which they may hoard), denatured rubbing alcohol, and other toxic agents. Hanging can be forestalled if such objects as suspenders, ropes, dental floss, mufflers, shoestrings, and belts are removed from the patient's possession.

Cutting can be prevented if the more obvious devices (scissors, nail files, knives) are kept away from patients, in addition to spoons (a spoon sharpened into a vicious spade shape is seen), pins and thumbtacks—which can be used for stabbing.

The rooms of suicidal patients in the locked wards must be searched frequently. A sardine-can key and a book of matches are found in a bathrobe pocket. A book is searched. Over the doorframe a piece of string is found. A jagged old eyeglass lens is found on the floor, and a razor blade turns up in a crack between the floorboards. A repeated search of the book reveals another razor blade, and still another turns up in the mattress lining. Sleeping capsules, first made wet so that the gelatin becomes sticky, have been stuck under a chair seat. The hollow leg of a bed yields a paper clip.

There is a shot of a ward as corpsmen are told that if they perform their work in an alert and vigilant manner they can contribute toward saving the life and happiness of their patients. With this exhortation the film fades out on a scene of a corpsman reading to a patient as they sit on the hospital lawn.

APPRAISAL

CONTENT: The introductory section of this film is scientifically inept and visually clumsy. It explains the word "psychosis" by defining "psyche" as "mind" and "osis" as "diseased state." This is etymologically incorrect, for "psychosis" is a Greek word meaning "animation." A simple definition would have been adequate. Following this, the designation of psychotic types by highlighting single postural characteristics for each category is similarly misleading. The peculiar system of classifying the psychoses as agitated, manic, depressed, paranoid, and dementia praecox will promote confusion, for by this typology it would be difficult to differentiate between a depressed patient and a dementia praecox patient, a manic and an agitated patient, a paranoid and an agitated patient—to cite only a few possible permutations.

Once the film has passed the introductory section, however, it offers an interesting and closely knit account of a number of important ward procedures. The technique of holding the resistive patient's right wrist as he is gently moved along is clearly demonstrated, as is the effective three-men-and-mattress approach to a violent patient. Without dramatic or verbal overemphasis, the film teaches how restraint may be applied to patients with a minimum of force.

These purely practical restraints are followed by a series of restraints which are primarily therapeutic: the continuous tub and wet pack. Here again procedures are detailed, step by step. However, the terminology used

in the description of wet pack (a technique not used today in many hospitals) includes a number of terms not in common usuage, such as "mitreing" and "cuff."

PRESENTATION: In the introductory section of the film the identification of various psychotic types by means of drawings in a book is static and ineffectual and contrasts markedly with the detailed visual material on ward care procedure. It is difficult to understand why the film did not present actual patients here, who would have provided audiences with some intuitive feeling for the postural set of psychotics. As it stands, this section provides little information which could not be obtained from a technical manual.

The unimaginative and literal quality of the film when it deals with theory is precisely what makes it an effective film when it deals with the practical techniques of restraint. It is thoroughly explicit and has an air of authenticity. We see exactly how the patient is placed in the tub, the water temperature adjusted, the patient's head secured safely above water, and other minute procedural details. The memorability of these techniques might have been increased had some explanation been given of the physical and psychological rationale behind hydrotherapy, or the difference between the continuous-tub temperature of 96° and the shower temperature of 105° which the new corpsman or ward attendant might confuse.

As a skill-training film this motion picture ranks high insofar as the visuals are admirably geared to the narrative in the sections on procedure, and the dramatization of patient behavior leaves little to be desired.

EFFECTIVENESS: Even though the film does not attempt to convey understanding of the problems behind mental illness, it nevertheless provides an excellent adjunct to a technical manual on ward care. The scene in which the ward is searched by the corpsman for destructive objects maintains dramatic tension and points up the seriousness of the problem of protecting the patient from his own self-destruction or homicidal impulses. If the film is to be used as an orientation aid, its effectiveness will be increased by explaining the concepts of psychosis in greater detail and presenting live patients. The psychiatric rationale of the wet-sheet and continuous-tub treatments—both of which are not pure restraint techniques, but have some presumed therapeutic effect—should also be explored. Knowledge of the therapeutic value of the work he is about to undertake will increase the ward attendant's recognition of his own importance and, consequently, his interest in his work. Hospital personnel dealing with psychotic patients will be favorably disposed toward this film, for it presents the attendant as a decent, hard-working fellow who does his job conscientiously.

UTILIZATION

If the film is used for instructional purposes the compactness and thoroughness of the sections on continuous-tub treatment, wet-sheet restraint, search for suicidal implements, restraint and protective escort would warrant the use of each part sectionally. Under any circumstances, the film should be used as an adjunct to a technical manual. Some attempt should also be made by a competent instructor to humanize the presentation and reduce the implied equation of psychotherapy with restraint techniques. With these precautions, the film is suitable for psychiatrists in training, ward attendants, and psychiatric nurses. Student nurses should be reassured that the restraint of violent patients is only a minor part of ward care; that even though continuous vigilance is recommended in nursing the mentally ill, the majority of patients are rather harmless.

(41)

YOUR CHILDREN'S SLEEP

THIS film probes some of the causes of disturbed sleep and illustrates various emotional and situational factors predisposing to sleep problems in the child. Although it offers elementary recommendations for parents on how to help children achieve restful slumber, it fails to explore certain key questions around which sleeping disturbances frequently center. Nevertheless, the film is artistically presented and should have emotional appeal for lay audiences as a discussion stimulus, provided a psychiatrically oriented leader is present to provide additional information.

AUDIENCE: Lay groups relatively unfamiliar with mental health concepts.

PRODUCTION DATA: 16 mm. (taken on 35 mm.), black-and-white, sound, 825 feet, 23 minutes. *Year of Production*: 1948. *Country of Origin*: Great Britain. *Sponsor*: Central Office of Information, for Ministry of Health and Central Council for Health Education. *Producer*: Realist Film Unit, in association with Film Centre. *Direction*: Jane Massey. *Camera*: A. Jenkins.

DISTRIBUTION: Encyclopaedia Brittannica Films, 1150 Wilmette Avenue, Wilmette, Ill. and branch offices. *Sale*: $85. *Rental*: $7.00 (1-3 days), $2.00 (additional days). Also available from British Information Services, 30 Rockefeller Plaza, New York 20, N. Y., and branch offices (rental $3.75) and from many film libraries.

CONTENT DESCRIPTION

The film opens on a question, "What exactly is sleep?"—and the answer, "No one knows." As the camera travels over the moonlit rooftops

of a sleeping city in England, the narrator briefly describes the regenerative function of sleep and cites factors which may interfere with a good night's rest: pain, illness, and insomnia. A man stirs restlessly in his bed as a truck rumbles by; unfamiliar noises disturb sleep. Worry, too. For example, Mrs. Perkins lost her handbag. Now she lies awake trying to recall where she may have left it. She recapitulates the day's shopping trip step by step as the night drags on. Worry is depicted as "a great dark shape that thrusts itself forward in the mind." But bright shapes as well may prove disturbing. The vivid recollection of an exciting football game in which he played keeps Tom Meredith awake for hours.

Children of different ages are seen sleeping. A child doesn't realize what keeps him awake, the narrator continues. Children have far more worries than these grownups. Sleep is not only necessary for physical growth and energy renewal; it enables children to relate "one thing to another." This is illustrated by a little boy's daytime experience of watching firemen with hoses put out a fire and his reworking of this experience in a dream: The firemen become toys, training tiny hoses on the fire burning in the parlor grate.

Most children sleep without much trouble, says the narrator, but the way children sleep is a very individual thing. Children are shown lying quietly in bed and scrounging about, children neatly covered, and children with their blankets completely rumpled and upset. A *change* in the child's sleep habits is the thing to watch for, rather than the *way* the child sleeps, is the next point made.

Three examples follow to illustrate sleep disturbances, to suggest causes, and to indicate parental approaches conducive to the prevention of problems in this area:

Madge is a sensitive little girl whose sleep has been disturbed by several factors impinging simultaneously. Her new teacher is more critical and her lessons seem harder. A recent incident has added to her distress. As she walked down the street toward her house one day some children were marking up a nearby fence with chalk. Suddenly the owner of the property descended upon them. They ran off, Madge remained, and he sternly demanded that she tell him their names. Intimidated, she did so, but later worried over the consequences of this betrayal. Thus, in the child's mind, the stern man, the strict teacher, and her own feelings of inadequacy and guilt combine to produce disturbing dreams and interfere with sleep. "Madge's mind has an enormous amount of sorting out to do—it will be hard to get her up tomorrow," predicts the commentator.

An overexcited little boy in a cowboy suit is seen racing about the house, refusing to go to bed. The film illustrates—and advises—that par-

ents should break the idea of bedtime gently, calm the child with a story, and place a favorite toy near his bed "for early in the morning."

Another older girl is shown. Claire is under severe strain as a result of her mother's perfectionist demands, and once or twice she has wet the bed. The mother-child relationship is suggested in a scene in which the child behaves formally and stiffly in the presence of a visitor at teatime. She accidentally drops her plate and glances apprehensively at the mother, who observes her with cold disapproval. Will Claire grow up utterly dependent on her mother, or will she try to emancipate herself through revolt? The source of the conflict is now; we see a nightmare of Claire's—she is alone in the desert, running, and before her stretches a mass of entangled wire. The child awakes screaming, the father comes in to comfort her, the mother follows, dismisses the father with a glance, and herself hovers over the child.

Through animation the film attempts to demonstrate the mental processes during sleep. Black shapes, representing frightening ideas, move forward along the squares of a checkerboard. From the opposite direction little balls roll out to check them, to force them back. "A child has to learn the moves of the game," explains the commentator. "It has to learn to counter the black shapes." Disturbed sleep results when the young mind is unable to cope with the black shapes.

The point is made that children cannot be made to sleep—they must like to sleep. Proper bedtime preparation is stressed through flashbacks of the little boy being talked to while he has his bath, read to as he drops off to sleep. A relaxing routine and maternal patience are advocated to promote adequate, refreshing slumber for the child.

APPRAISAL

CONTENT: This film demonstrates a number of elementary truths about sleep, with emphasis on psychological factors. It states that sleep is necessary for healthy growth, that sleep disturbances may find expression through insomnia, nightmares, or enuresis, and that parents may promote healthful slumber for the child by making the bedtime routine restful and enjoyable.

However, the film lacks clarity, direction, and organization. It goes to great lengths to explain some things and omits others which might be justifiably included in a film on problems of sleeping. In the case of the little boy, there is a suggestion that his hyperactivity is a pathological symptom; later it turns out that this case has been introduced as the one example of suitable adjustment and correct parental handling. The other two children are so clearly upset in other areas besides that of sleep that gearing their difficulties so emphatically to this symptom seems a bit like putting the cart before the horse. While the vignettes chosen to illustrate

symptom-provoking experiences are pithy and well selected from the standpoint of pathology, simpler situations with which many parents are familiar—such as the child's adamant refusal to go to bed, or its attempt to sleep with one or both parents—might have been of greater help to lay audiences.

The theoretical rationale offered in the film is that sleep "solves problems for children" and that the mind "sorts out" life experiences and "relates one thing to another," (e.g., the child's equation of a real fire to the fire in the grate). Such a view does no great harm, but is incomplete from the scientific standpoint. According to psychoanalytic findings, sleep *per se* does not solve problems; it is the dream which presumably protects sleep by dealing with unconscious ideas that threaten to wake the dreamer.

The concept of coping with fear and worry is excellently depicted by one sequence in which white balls counter dark, advancing shapes on a checkerboard. As with most schemas, however, it tells only part of the story in suggesting that unpleasant ideas are driven back. The dream process is less likely to repress ideas than to effect various symbolic transformations which allow disguised expression of these ideas by distorting their original meaning.

PRESENTATION: The film has considerable visual and narrational appeal. It is sensitively produced, in the best British documentary tradition, and in many places has some of the qualities of an art film. It begins quietly, at night, it travels over the moonlit rooftops and pauses at various windows to describe why the occupants of a few bedrooms lie awake. The narrator's voice holds the interest of the viewer by virtue of its sympathy and understanding. The story line of the film is less fortunate. Case material is presented in a rather chaotic way; educational points are made haphazardly. One senses that the film is striving to enlist sympathy for the child with sleep problems, rather than to answer questions. The sound track of the print reviewed here was unclear in several scenes.

EFFECTIVENESS: This is an emotional rather than a factual and scientific film. It should prove appealing to general lay audiences by virtue of dramatic quality rather than content.

UTILIZATION

The film should be shown with a psychiatrically oriented discussion leader who is prepared to answer everyday questions on children's sleep that parents will undoubtedly raise. Because of its diluted approach the film is deemed inadequate for professional audiences and is only recommended for lay groups who have had little or no previous experience with mental health films.

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SUPPLEMENTARY FILM LIST

Fifty Additional Films in Psychiatry, Psychology & Mental Health Described

SUPPLEMENTARY FILM LIST

Key to Sources of Distribution of Supplementary Films

AFFLMS	A. F. Films, Inc., Rm. 1001, 1600 Broadway, New York 19, N. Y.
ASSNFLMS	Association Films, Inc., 347 Madison Ave., New York 17, N. Y.
BIS	British Information Services, 30 Rockefeller Plaza, New York 20, N. Y.
BROWNTRUST	E. C. Brown Trust, 220 S. W. Alder St., Portland 4, Oregon.
CNFB	National Film Board of Canada, 1270 Avenue of the Americas, New York 20, N. Y.
CORONET	Coronet Films, Coronet Bldg, Chicago 1, Illinois.
EBF	Encyclopaedia Britannica Films, Inc., 1150 Wilmette Avenue, Wilmette, Illinois.
INTFLMBUR	International Film Bureau, 57 E. Jackson Blvd., Chicago 4, Ill.
IOWASTU	State University of Iowa, Bureau of Visual Instruction, Iowa City, Iowa.
MARCHOFTIME	March of Time Forum Films, 369 Lexington Ave., New York 17, N. Y.
MCGRAW-HILL	McGraw-Hill Book Co., Text-Film Dept., 330 West 42nd St., New York 18, N. Y.
NATEDASSN	National Education Assn., 1201 16th St. N. W., Washington 6, D. C.
NYSTDPTCOMM	New York State Dept. of Commerce, Film Library, 112 State St., Albany 7, N. Y.
NYU	New York University Film Library, 26 Washington Place, New York 3, N. Y.
PENNSTCOL-PCR	Pennsylvania State College, Psychological Cinema Register, State College, Pennsylvania.
SYRACUSEU-AV	Audio-Visual Center, Syracuse University, 121 College Place, Syracuse 10, N. Y.
UW-EDUC	Educational Film Dept., United World Films, 1445 Park Ave., New York 29, N. Y.

Film Number

42. ACT YOUR AGE. 13½ minutes, sound. Coronet.
Demonstrates certain immature traits common to adolescents and explains why infantile reactions still persist in this period. Offers the adolescent a means of self-evaluation to help him work through similar difficulties in himself.

43. APE AND CHILD SERIES: PART I. SOME BEHAVIOR CHARACTERISTICS OF A HUMAN AND A CHIMPANZEE INFANT IN THE SAME ENVIRONMENT. 19 minutes, silent. PennStCol-PCR
A child and an infant chimpanzee of approximately the same age are reared in typical human home surroundings. The similarities between the two are strikingly illustrated. In many respects the performance of the chimpanzee is

superior to that of the human infant. The helplessness of the newborn infant is emphasized.

44. APE AND CHILD SERIES: PART IV. SOME GENERAL REACTIONS OF A HUMAN AND A CHIMPANZEE INFANT AFTER SIX MONTHS IN THE SAME ENVIRONMENT. 17 minutes, silent. PennStCol-PCR
The performance of a human infant and a chimpanzee of the same age are shown after six months' experience together. While many reactions are similar, the limitations of environmental factors are demonstrated. The maturation of the ape soon sets a ceiling upon his ability to learn, while the human infant continues to profit from educational procedures.

45. ARE YOU READY FOR MARRIAGE? 15 minutes, sound. Coronet
A young couple about to elope consult a marriage counselor. In helping them clarify their personal motivations, he highlights some of the basic requirements for satisfactory marital adjustments.

46. BABY MEETS HIS PARENTS. 11 minutes, sound. EBF
Shows that personality differences result not merely from heredity, but from the relationship between parent and child. Young parents especially will see that loving fulfillment of a baby's needs affects his personality.

47. CHILDREN GROWING UP WITH OTHER PEOPLE. 23 minutes, sound. UW-Educ
Reactions of children from early infancy to adolescence are shown and interpreted. While each child is shown as unique, the ways in which he resembles other children are also included. Movement from the self-centered, non-specific behavior of the infant to the highly social behavior of the adolescent is traced.

48. CHILDREN IN TROUBLE. 10 minutes, sound. NYStDptComm
How one alert and enlightened teacher succeeds in aiding a child in trouble is shown. The conclusion is inescapable that co-operation between parents and community agencies will likewise succeed in counteracting the environmental conditions responsible for criminality. A constructive antidote to the poisonous effects of penal institutions is offered.

49. CHILDREN LEARNING BY EXPERIENCE. 40 minutes, sound. UW-Educ
Shows that children want to learn and do so through interaction with their environment. Students of education and parents will see how this natural need can be constructively gratified, to the enrichment of the child's personality.

50. CHILDREN'S REPUBLIC. 24 minutes, sound. AFFlms
Instead of punishment to rehabilitate two delinquent French children, the effect of their experiences in Sèvres—a community of children run by modern educators—is shown. Understanding, love and the opportunity to live without fear are the means by which these children learn to become useful citizens.

51. CHOOSING FOR HAPPINESS. 14 minutes, sound. McGraw-Hill
Eve sets definite standards of what she wants in a man, but when she tries to trim her boy friends to meet these specifications they stop dating her. High-school and college groups will benefit by seeing how Eve finally learns to be flexible instead of always demanding that others change.

52. FAMILIES FIRST. 17 minutes, sound. NYStDptComm
Typical experiences in the lives of two families are dramatically contrasted to point up the dynamics of harmonious versus conflicted modes of living; their causal connection with the personality development of the child.

53. FAREWELL TO CHILDHOOD. 20 minutes, sound. IntFlmBur
Susan's parents are bewildered by their adolescent daughter's stormy passage from childhood to maturity. Her rebellious outbursts, self-pity, lofty idealism, her dependence vying with independence—all belong to this stage of develop-

ment. Parents and teachers will appreciate the climax, when Susan and her parents gain perspective with the help of a school guidance counselor.

54. FEELING LEFT OUT. 12 minutes, sound. Coronet
The youth who craves acceptance and feels left out because of cliques and prejudice is encouraged to seek primary relationships. Acceptance by individuals rather than by groups is shown as a sign of growing social maturity.

55. FIRST LESSONS. 25 minutes, sound. IntFlmBur
When a teacher is faced with an aggressive child in her classroom she must realize that the way she handles him will not only affect his behavior but will also affect the attitude of other children in the class. The teacher is encouraged to make constructive use of what otherwise might be considered annoying problems of discipline.

56. FRIENDSHIP BEGINS AT HOME. 15 minutes, sound. Coronet
Because his need for independence is so strong, Barry, like many other adolescents, underestimates his need for his own family. Barry's experience when he decides to stay home alone while the family leave for their summer vacation will provide audiences of parents and high-school students the opportunity to explore the compromise conditions necessary to redefine family roles.

57. GOING STEADY. 10 minutes, sound. Coronet
What going steady meant to one young couple is shown. While no solutions are explicit in the film, various viewpoints are expressed. Young folks and their parents will become aware of the problems that "going steady" raises.

58. HE ACTS HIS AGE. 14 minutes, sound. McGraw-Hill
One must understand children to help them. Samples of behavior in children from one to fifteen years of age are selected and discussed. The "meaning" of behavior is emphasized.

59. HELPING THE CHILD TO ACCEPT THE DO'S. 11 minutes, sound. EBF
A critical problem in child rearing is clarified for parents and teachers. Children must be helped to learn the cultural values represented by the do's. Every culture places demands upon its members. In this film representative situations which elicit stereotyped behavior are illustrated. The way in which the child responds will in part determine the adequacy of his adjustment to society.

60. HELPING THE CHILD TO FACE THE DON'T'S. 11 minutes, sound. EBF
The don'ts represent the psychological barriers against which the individual concept of self is molded. The child's response to the don'ts is largely determined by his previous experience, but the nature of the don'ts and the child's unique responses to them will be critical in determining his subsequent personality structure.

61. HOW DO YOU KNOW IT'S LOVE? 12 minutes, sound. Coronet
One young couple discover the answer to this question by going on a date with an older and more mature brother and his fiancée. They learn that love involves mutual understanding, common goals and interests, as well as a realistic evaluation of the relationship and the love object.

62. HUMAN BEGINNINGS. 22 minutes, sound. AssnFlms
Intended to provide an elementary introduction to the problem of childhood sex education. Young children can identify easily with the five- and six-year-olds in the film. Makes use of drawings and beliefs of young children to act as a non-threatening background against which sex information can be transmitted to youngsters.

63. HUMAN GROWTH. 19 minutes, sound. BrownTrust
The film provides a classroom setting in which seventh graders are prepared for instruction on the subject of human reproduction. An excellent means by

which sex information may be imparted to school children. May even be suitable for showing to naïve adult audiences.

64. IT TAKES ALL KINDS. 20 minutes, sound. McGraw-Hill
People react differently to the same problem. The differences in mode of response reveals something about each of them. By observing the reaction of several young people to a stress situation the film contrasts and compares their compatibility with each other. In a happy marriage the personality of the partner must provide a working basis for mutual satisfactions.

65. KNOW YOUR BABY. 10 minutes, sound. CNFB
Preparing siblings for the arrival of the new baby and meeting the fundamental needs of the new arrival are the subjects of this film. Scenes in the home of a typical family are selected to be useful guides to the understanding of the complex emotional and physical needs of the neonate.

66. LEARNING TO UNDERSTAND CHILDREN: A diagnostic approach. 21 minutes, sound. McGraw-Hill
Ada Adams, a fifteen-year-old girl suffering from emotional maladjustment, is studied. Psychological procedures and a social-work approach are employed. Her teacher attempts to arrive at an understanding of the motivational and environmental basis for her difficulties. By implication the audience is made aware of the possible causes and remedies of emotional disturbances.

67. LEARNING TO UNDERSTAND CHILDREN: A remedial program. 23 minutes, sound. McGraw-Hill
Shows some ways in which teachers and others may help a shy and withdrawn girl from a poor home situation. This film forms a continuation of the case of Ada Adams. The child is helped to achieve a measure of self-confidence through understanding and special guidance.

68. LIFE WITH BABY. 18 minutes, sound. March of Time
A non-technical exposition of studies made at Yale University under Dr. Arnold Gesell. Will contribute to the understanding of child behavior.

69. LIFE WITH GRANDPA. 17 minutes, sound. March of Time
Problems raised by the growing population of aged and senile persons are taken under consideration. Possible constructive steps are suggested. Both physical and psychological factors are discussed.

70. MAINTAINING CLASSROOM DISCIPLINE. 14 minutes, sound. McGraw-Hill
Different methods of handling a class are contrasted. Good rapport, mutual respect, fairness, and understanding are shown to result in the best discipline. Democratic rather than autocratic control is stressed. The teacher should rely mainly on the student's own resources for control.

71. MAKE WAY FOR TOMORROW. 20 minutes, sound. NYU
The problems raised by the presence of the mother in the household of her married son are dramatized. Eventually the older woman is forced to go to a home for the aged. The film draws attention to the helplessness of the aging in our society and its disastrous consequences on the younger members of the family facing the problem.

72. MARRIAGE TODAY. 22 minutes, sound. McGraw-Hill
The film portrays two successful marriages. It focuses on the willingness of each of these couples to face and evaluate each other in a realistic fashion. Although things do not always run smoothly, these marriages work because the partners are willing to work together to reach the goals they have agreed upon.

73. MEETING EMOTIONAL NEEDS IN CHILDHOOD. 33 minutes, sound. NYU
Children need a sense of belonging as well as a sense of selfhood and responsi-

bility. Teachers and parents are called upon to provide the atmosphere in which children can feel secure enough to undertake responsibility and act independently. Numerous examples of the way this can be done are provided in the motion picture.

74. PRINCIPLES OF DEVELOPMENT. 16 minutes, sound. McGraw-Hill
Growth is shown to proceed by the process of differentiation. At first the infant responds diffusely. Gradually, by means of maturation and learning, specific patterns of behavior emerge out of the general ones. Growth and development are shown to be orderly and predictable processes.

75. PSYCHIATRY IN ACTION. 60 minutes, sound. BIS
A comprehensive survey of the methods employed in the treatment of mental disturbances. Many types of diagnostic medical and psychological procedures and various treatment techniques (including group therapy, shock, and narcoanalysis) are shown. Cases are traced from admission to discharge from the mental hospital.

76. PSYCHOLOGICAL IMPLICATIONS OF BEHAVIOR DURING THE CLINICAL VISIT. 20 minutes, silent. NYU
The diagnostic value of observing the spontaneous behavior of the child during his visit to the clinic is highlighted in scenes of children awaiting attention in a hospital.

77. ROLE-PLAYING IN HUMAN RELATIONS TRAINING. 25 minutes, sound. NatEdAssn
Role-playing provides a controlled and effective means by which human relations training can be undertaken through actual interaction with other people. The film may be used as a training film, providing instruction and examples of the technique required for the use of this method. Several individuals act out brief scenes as they think they would occur in life. Insights, self-evaluation, reality tests, leadership opportunity, etc., are frequent concomitants.

78. SELF-CONSCIOUS GUY. 10 minutes, sound. Coronet
Painful self-consciousness frequently accompanies the changes characteristic of adolescence. The film offers the adolescent an opportunity to identify with the boy who overcomes his own feeling that he is in the "spotlight" and may thereby prove reassuring. Development of objectivity and interest in others are stressed.

79. SOCIAL DEVELOPMENT. 16 minutes, sound. McGraw-Hill
Traces the various stages in the social development of children from the age of two to puberty. Contains excellent examples of the behavior of normal children —solitary play, group games, etc. Emphasizes how adults, especially parents, can help children to meet and solve the problems raised in the course of development.

80. SOME BASIC DIFFERENCES IN NEWBORN INFANTS DURING THE LYING-IN PERIOD. 23 minutes, silent. NYU
Two basic factors in emotional development are selected in this film: the constitutional activity level of the infant and the temperament of the mother. Through the use of scenes filmed in the clinic, the interaction of these two variables is graphically illustrated.

81. TERRIBLE TWO'S—TRUSTING THREE'S. 20 minutes, sound. McGraw-Hill
Parents are led to understand that the almost ceaseless muscular activity of the two-year-old is a natural part of his repertory. Nursery school children explore the world and learn through their apparently random activity. This stage gives way to the more purposeful play of the third and fourth years.

82. THIS CHARMING COUPLE. 19 minutes, sound. McGraw-Hill
The romantic concept of marriage is contrasted with its realities. Winnie and Ken, like other married couples, are "in love." Since they have not really grown to know each other, they are in love with their fantasies. Such a marriage leads easily to disappointment and disillusionment.

83. THIS IS ROBERT. 75 minutes, sound. NYU
A longitudinal study of a real boy made from scenes taken at frequent intervals during the time between his entry into nursery school and the end of his first year in elementary school. Robert's behavior is contrasted with that of other children. Many diagnostic and projective techniques are employed to elicit illustrative behavior.

84. WALKING UPSTAIRS FOR THE FIRST TIME. 5 minutes, silent. IowaStU
The child's struggle to cope with a new situation is used to illustrate the way in which the learning process occurs. A new response pattern emerges.

85. WHAT'S ON YOUR MIND? 11 minutes, sound. CNFB
The efforts of modern psychiatry to meet the mental health needs of the population are contrasted with those of unethical and unqualified practitioners. Audience will be alerted to the criteria that must be used for judging adequate service and treatment in the field of mental disorder.

86. WHO IS MY NEIGHBOR? 23 minutes, sound. CNFB
The work of a community welfare agency is illustrated. The way a working-class family is helped to solve its problems serves as a good case study of the conditions faced by low-income groups.

87. WHO'S BOSS? 16 minutes, sound. McGraw-Hill
In addition to love, a marriage must be based upon a willingness to accept the legitimate aspirations of the marriage partner. Ginny and Mike have not been willing to modify their own goals in terms of the other's needs. When their competition with each other almost wrecks their marriage, they finally begin to think of each other and to establish a real partnership.

88. WHY CAN'T JIMMY READ? 18 minutes, sound. SyracuseU-AV
Jimmy is a nine-year-old and has a reading problem. His treatment at a reading clinic serves as the background against which typical procedures for the diagnosis and treatment of speech disorders are introduced and explained.

89. WHY WON'T TOMMY EAT? 19 minutes, sound. CNFB
Eating disturbances are shown to result from a complex of emotional as well as physical factors. Frequently the problem stems from early infantile experiences. An analysis of the way the meal becomes the stage on which parent-child conflicts are acted out leads easily to the uncovering of the psychological bases of childhood feeding difficulties.

90. YOU AND YOUR PARENTS. 14 minutes, sound. Coronet
Because his parents will not realize his need for independence, Dick decides to leave home. From his example parents may profitably learn that adolescent rebellion is frequently provoked by excessive restriction and overprotection. Young people may also derive an understanding that they must prove themselves capable of undertaking responsibility before they can expect their parents to offer it.

91. YOUR CHILDREN AND YOU. 31 minutes, sound. BIS
Both children and parents have problems. This film attempts to convey a picture of the difficulties experienced by average parents in an ordinary home as they try to rear their children. Ways of dealing with key problems of the first five years are suggested.

PART
IV

Indices

TO

FILMS IN PSYCHIATRY, PSYCHOLOGY & MENTAL HEALTH

INDEX TO CONTENT

(Film Subject Matter)

This is an index to the content (film subject matter) of the 101 films in psychiatry, psychology and mental health reviewed and/or described in this book. It is an index by topics and specific ideas keyed to the content descriptions of the films. Some concepts and ideas appearing in a host of films have proved too general to index fruitfully; e.g., "emotions", "mental health", "doctor-patient relationships", "conflict", "psychology", "neurosis." The page numbers sometimes point to the film as a whole and sometimes to different parts of it.

The numbers in parentheses are film numbers, the numbers following are page numbers.

1. Schizophrenia: Simple Type Deteriorated	●			●			●	●	●									
2. Schizophrenia: Catatonic Type	●			●	●		●	●	●									
3. Schizophrenia: Hebephrenic Type	●			●			●	●	●									
4. Paranoid Conditions	●			●			●	●	●									
5. Organic Reaction-Type: Senile	●			●			●	●	●									
6. Depressive States: I	●			●			●	●	●									
7. Depressive States: II	●			●			●	●	●									
8. Manic State	●			●			●	●	●									
9. Folie a Deux	●			●	●	●	●	●	●									
23. Narcosynthesis				●														
24. Observations Concerning the Phenomenology of Early Oral Behavior							●											
25. Out of True	●										●	●			●	●	●	●
26. Over-Dependency	●	●		●			●	●	●						●	●	●	●
27. Palmour Street	●	●	●	●	●		●	●	●	●	●			●	●	●	●	●
28. Preface to a Life	●	●	●	●			●							●	●	●	●	●
29. Problem Children																	●	
30. Psychoneurosis with Compulsive Trends in the Making	●	●	●	●	●	●	●	●	●									
31. Psychosomatic Disorders	●	●		●	●		●	●	●		●	●			●	●	●	●
32. Psychotherapeutic Interviewing Series:																		
I Introduction				●			●	●										
II A Method of Procedure	●	●		●	●	●	●	●										
III An Approach to Understanding Dynamics	●	●		●	●	●	●	●										
33. Quiet One	●	●	●	●	●	●	●	●	●	●	●			●	●	●	●	●
34. Shades of Gray	●	●		●			●	●	●	●	●		●					●
35. Smile of the Baby	●		●				●											●
36. Steps of Age														●	●			
37. Symptoms in Schizophrenia							●											
38. Unconscious Motivation	●	●		●	●	●	●	●	●									
39. Unity of Personality							●											
40. Ward Care of Psychotic Patients				●					●	●								
41. Your Children's Sleep														●	●	●		

SUGGESTED AUDIENCE GUIDE TO FILMS

NOTE: *Readers are urged to consult reviews when selecting any of the following films for showing. Suggested appropriateness for particular kinds of audiences is noted by dots under each audience heading.*

TITLE OF FILM	MEDICINE						RELATED FIELDS						GENERAL					
	MEDICAL STUDENTS	GENERAL PRACTITIONERS	PEDIATRICIANS	PSYCHIATRISTS IN TRAINING	PSYCHIATRISTS	PSYCHOANALYSTS	PSYCHOLOGISTS	PSYCHIATRIC SOCIAL WORKERS	PSYCHIATRIC NURSES	INSTITUTIONAL PERSONNEL	NURSES	PATIENTS IN TREATMENT	RELATIVES OF MENTAL PATIENTS	HIGH SCHOOL AGE	COLLEGE AGE	PARENTS	TEACHERS AND EDUCATORS	COMMUNITY WELFARE WORKERS
1. Activity for Schizophrenia: Techniques for Corrective Therapy	●	●					●	●	●	◉								
2. Activity Group Therapy	●			●	◉	◉	●	●										
3. Angry Boy	●			●			●	●								●	●	●
4. Anna N.: Life History from Birth to Fifteen Years	●	◉	●	●	●	◉	◉	●										
5. Breakdown	●	●					●	◉	●		●				●	●	●	●
6. Children's Emotions	●						●				●				◉	●	●	●
7. City of the Sick									●	●	●		●					
8. Eight Infants: Tension Manifestations							●											
9. Embryology of Human Behavior	●		◉				●										●	
10. Emotional Health	●	●					●	●			●				●		●	●
11. Face of Youth											◉					●	●	●
12. Family Circles	●	●	●	●			◉	◉								●	●	●
13. Fears of Children	●		●				●	◉	●		◉	●			●	●	●	●
14. Feebleminded	◉			●			●	●			●							●
15. Feelings of Depression	●			◉	●	●	●	●				●			●	●	●	●
16. Feeling of Hostility				●			●	●				◉					●	
17. Feeling of Rejection	●	●	●	◉			●	●	●		◉	●			●	●	●	●
18. Frustration Play Techniques	●		●	●	●		●	●									●	
19. Grief: A Peril in Infancy	●	●	●	●	●	●	●	●	●	●	●				●	●	●	●
20. Hypnotic Behavior	●			●	●	●	●	◉	●									
21. Let There Be Light	●	●		●	◉	◉	●	●	◉	◉	◉				●	●	●	●